



**CITY OF MANCHESTER**

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**REPORT**

on the

**HEALTH**

of the

**CITY**

of

**MANCHESTER**

for 1967

by the

**MEDICAL OFFICER OF HEALTH**

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Health Department,  
Town Hall,  
Manchester.

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83014



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Health Department,

Town Hall,

Manchester, 2.

24th May, 1968.

MY LORD MAYOR, ALDERMEN AND MEMBERS OF THE CITY COUNCIL

I have pleasure in presenting the Annual Report on the health of the City for 1967.

The year under review fell wholly within the term of office of my predecessor and I have not commented therefore on the work of the Department. In the pages which follow the facts are set out and the progress made can be observed.

In general it can be said that the health of the City remains good and that no untoward incident occurred during the year.

Dr. Metcalfe Brown retired from his appointment as Medical Officer of Health and Principal School Medical Officer on 9th December, 1967, thus bringing to an end a long association with Manchester, having been appointed in June, 1942. He had a profound knowledge of the practice of public health and preventive medicine and this was revealed in the many developments which took place under his direction.

His interests were not confined to the local development of public health and he took part in and was Chairman of many committees of national importance. He was an enthusiastic supporter of slum clearance and the abatement of atmospheric pollution and the effects of this are experienced daily by every citizen of Manchester.

KENNEDY CAMPBELL,

Medical Officer of Health.



## Population

The Registrar General estimates the civilian population for mid-1967 at 616,520, a decrease of 8,730 on 1966. This compares with the census figure of 661,791 taken in April, 1961.

## Marriages

The number of marriages registered during the year was 5,454 compared with 5,770 the previous year. The marriage rate was 17.69 as against 18.46.

## Births

Registered live births numbered 11,305 (5,779 males, 5,526 females), giving a rate of 18.34 per 1,000 population compared with 19.17 in 1966, a decrease of 0.83. The rate for England and Wales was 17.2, a decrease of 0.5 on the previous year.

Of the 11,305 births, 9,442 (4,819 males, 4,623 females) were legitimate and 1,863 (960 males, 903 females) were illegitimate. The percentage of illegitimate births continued to rise, being 16.48 against 14.85 in 1966, an increase of 1.63.

There were 226 stillbirths (122 males, 104 females), an increase of 3 on the previous year's figures, giving a rate of 19.60 per 1,000 total births, 1.33 higher than that for 1966 which was the lowest ever recorded in the City. The rate for England and Wales was 14.7, a decrease of 0.7.

The percentage of total registered births taking place in institutions was 77.46.

## Deaths

The number of deaths registered during the year was 7,751 (3,871 males, 3,880 females), the second lowest number ever recorded, giving a death rate of 12.57 per 1,000 of the population as compared with 12.55 for 1966 and an average of 12.63 for the previous five years. The rate for England and Wales for 1967 was 11.2, a decrease of 0.5.

Deaths from all forms of tuberculosis numbered 44, one less than in 1966. Respiratory tuberculosis accounted for 42 deaths, the same as in 1966. The death rate from respiratory tuberculosis was 0.07 per 1,000 population compared with 0.04 for England and Wales. Other forms of tuberculosis were responsible for 2 deaths compared with 3 in 1966.

Deaths from all forms of cancer were 1,604, compared with 1,555 in the previous year. Deaths from cancer of the lung and bronchus increased by 46 to 511 (407 males, 104 females), against 465 (393 males, 72 females) in 1966. The death rate from all forms of cancer was 2.60 per 1,000 population (2.49 in 1966) and that from cancer of the lung and bronchus 0.83 (0.74 in 1966), compared with 2.28 and 0.58 respectively for the whole of the country.

Deaths from bronchitis fell to 638, a rate of 1.03 per 1,000 population, compared with 684 deaths (1.09 per 1,000 population) in 1966 and 666 deaths (1.04 per 1,000 population) in 1965.

## **Infant mortality**

Deaths of infants under one year of age registered during the year numbered 258, forty-eight less than 1966, giving an infant mortality rate of 22·82 per 1,000 live births. These figures are the lowest ever recorded in the City, showing a substantial reduction on the previous lowest figures in 1966. The rate is still much higher, however, than that for England and Wales for 1967 of 18·3, the lowest rate ever recorded in the country.

The number of neonatal deaths was 162, giving a rate of 14·33 per 1,000 live births, again the lowest ever recorded in the City. The figures for 1966 in Manchester were 198 and 16·52, compared with 213 and 17·02 in 1965. The rate for England and Wales for 1967 was 12·5, a decrease of 0·4 on 1966. Early neonatal deaths decreased to 149, against 160 the previous year and 190 in 1965, a rate of 13·18 per 1,000 live births, compared with 13·35 in 1966 and 15·18 in 1965.

Post-neonatal deaths decreased to 96, compared with 108 in 1966 and 124 in 1965, the rates per 1,000 live births being 8·49 9·01 and 9·91 respectively.

Perinatal deaths numbered 375, giving a rate of 32·52 per 1,000 total births (live and still), compared with 383 and 31·37 in 1966.

## **Maternal mortality**

There was one death from maternal causes, giving a rate of 0·09 per 1,000 total births. This compared with four deaths and a rate of 0·47 per 1,000 total births for 1966 and six deaths and a rate of 0·47 in 1965. The rate for England and Wales for 1967 was 0·20 per 1,000 total births.

## **Infectious disease**

Following the death from anthrax of a hospital patient, and the subsequent investigations into the origin of the disease, representations were made by the City Council to the Ministry of Health to review the arrangements regarding the importation and distribution of bonemeal.

For the first time for many years, diphtheria occurred in the community in an immigrant family of which several members had recently arrived in this country. No cases occurred outside the family.

Typhoid fever organisms were isolated from five persons during the year. Three cases were members of the same family, The original patient was born in this country while the mother, who proved to be a chronic carrier, and one other child had both been resident in this country for four years. Two other single cases occurred, one a recurrence of illness in a recently arrived immigrant and one a middle-aged man living alone where no source of infection could be ascertained.

The number of notified cases of whooping cough increased considerably, partly due to a minor outbreak commencing in the summer months and partly to the co-operation of general practitioners in notifying all suspected cases in connection with the Public Health Laboratory Service investigation into the incidence of the disease and the efficacy of existing pertussis vaccine. The investigation continued throughout the year.

Notifications of infective hepatitis increased during the second year of the initial three year period of notification.

## **Immunization and vaccination**

The Corporation's Leo III computer was used for the first time to prepare appointments for children born during the year to receive immunization procedures, and to maintain records of such procedures carried out. This system, together with the automatic follow-up of non-attenders, resulted in increases in the numbers of children immunized during the early months of life.

## **Meteorology**

The yearly figures provided by the Meteorological Office in Manchester showed a year drier, and sunnier, than 1966, but with mean temperature about the same.

The months of December, January and February were the mildest for a decade, the winter period being the sunniest since 1963. Spring was very wet and in fact on only two days in May was the City without any rainfall.

The weather during the three months of summer was rather deceptive, on the whole the season was warm and sunny, and yet there were only two spells of really fine weather. Autumn was the final period of an unsettled year, a year which did not generally display any extremes of weather, good or bad.

## **Day nurseries**

Following a review of the day nursery replacement programme approved by the City Council in 1961, which envisaged a final total of fifteen nurseries, the Health Committee approved proposals to increase this number to twenty-one. Briefly the reasons were as follows:—

Since 1961 there has been an increase in social priorities.

There is an increasing demand for admission on medical priorities.

The needs of certain areas of the City, which have never had nursery facilities, should now be considered.

Social and medical priorities are present in all areas and a day nursery should be reasonably accessible.

Mainly for financial reasons the City Council may not yet be prepared to approve of the Health Committee's proposals. However, the need for the extended replacement programme remains and it is to be hoped that approval will not be too long delayed.

## **Illegal day-minding of children under five**

In certain areas of the City—more particularly Moss Side, Whalley Range and Cheetham—the incidence of illegal day-minding in grossly unsatisfactory conditions continues to be a source of concern. In recent years the influx into the City of immigrants with culture patterns which differ from those accepted in this country has exacerbated an already serious problem.

After discovery, illegal day-minders usually cease to operate following visits by the department's officers, but it is difficult to ensure that illegal day-minding is not simply being driven underground. Offences under the Nurseries and Child Minders Regulation Act are becoming more difficult to prove, since there would appear to be numerous loop-holes for avoiding penalties.

The department will continue to exercise vigilance and make every effort possible, including the education of parents, to combat the problem.

## **Family planning**

Few social developments are likely to be of more significance to the health and welfare of present and, more particularly, future generations than the increasing acceptance of the need for family planning. In December, 1966, the department's first family planning clinic was opened at the Moss Side maternity and child welfare centre and during 1967 family planning clinics were commenced at five other maternity and child welfare centres.

The National Health Service (Family Planning) Act, 1967, extended the powers of local health authorities to enable them to provide contraception advice and supplies for social as well as medical reasons.

The further five additional clinics scheduled for 1968 will mean that eleven departmental family planning clinics will then be in operation, in addition to other family planning facilities available in the City, such as those provided by the Family Planning Association.

## **Liaison with hospitals and general medical practitioners**

Reference is made in this report to further extensions of liaison between the department's nursing staff and hospitals and general medical practitioners. Notwithstanding criticism of the tri-partite structure of the National Health Service, there is ample evidence that, given the goodwill and enthusiasm of those concerned, it need not prohibit effective co-operation to the ultimate benefit of the patient.

## **Welfare centres**

A pleasant modern purpose-built maternity and child welfare centre at Trees Street, Crumpsall, was opened in August. The centre serves the Crumpsall and Cheetham Hill areas and offers a much wider range of facilities than were available at the church-hall premises formerly used.

## **Night nursing service**

As forecast last year an all-night nursing service became a reality in 1967. Unfortunately, it was not possible to recruit the full number of staff and only two-thirds of the City was covered.

The service is especially helpful to patients who are in the painful stages of terminal illness and in need of nursing care, but who have no relatives to call upon.

## **Amalgamation of health visiting and school nursing staffs**

The decision to amalgamate the nursing staffs of the health visiting and school health services was implemented in April. The gradual process of re-organising the work is progressing and it is already apparent that more economical and efficient use of staff will be achieved.

## **Mental health service**

Two mental health junior training centres, in Rusholme and Miles Platting, came into operation, thus increasing the number of junior training centre places to 396, including two, twenty-place special care units for subnormal children with additional physical handicaps. All four of the City's junior training centres are now accommodated in purpose-built places.

## Housing

The number of houses represented for clearance area action was 6,047, compared with 6,014 and 5,690 during 1966 and 1965 respectively. There were 4,643 unfit houses demolished. The Housing Committee completed a total of 2,754 new houses and flats and 417 were built by private developers. A survey of houses throughout the City, not already within the clearance area programme, was completed, adding a further 7,067 houses to the then existing list. The nett effect, at 31st December, 1967, allowing for the demolition of unfit houses since the initial survey during 1950, was to include 48,716 houses within the programme: 4,969 were in officially represented areas confirmed by the Minister of Housing and Local Government; 16,657 were in represented areas not yet so confirmed and 27,090 were in areas awaiting detailed inspections with a view to official representation. A house-condition sample survey of the Minister of Housing and Local Government in the areas of 262 local authorities in England and Wales, including Manchester, revealed that, whilst the full analysis of the results would take some time, approximately 1.8 million dwellings were unfit under the Housing Act criteria with perhaps 1.1 million in potential clearance areas; another 4.7 million dwellings were unsatisfactory, the condition of the latter varying widely between those requiring little repair work and those which on any reckoning were not likely to be worth saving. The survey revealed that unfit housing was more prevalent and less concentrated than previous information had suggested.

## Clean air

In the implementation of the clean air policy four smoke control orders became operative and a fifth, which was made early in the year and confirmed by the Minister of Housing and Local Government, will become operative on 1st July, 1968. Thereby, approximately 51 per cent. of the total area of the City and 35 per cent. of the premises are subject to confirmed smoke control orders. Additional proposals to deal with 1.9 square miles and 8,020 premises were approved by the Health Committee, but at the end of the year orders had not been made for submission to the Minister.

## Food hygiene

The number of notified and otherwise ascertained cases of food poisoning was 192, compared with 231 in the previous year. The causative organisms were identified in 85 cases.

There were nine general outbreaks, involving 127 cases. The cause of 79 cases occurring in four outbreaks was not ascertained. In the remaining five outbreaks three, involving 40 cases, were due to *Clostridium welchii*; two outbreaks with a total of eight cases, were caused by *Salmonella* infections. There were also eight family outbreaks, involving 18 cases, in which six cases were due to *Salmonella typhimurium* and the cause of the other twelve cases was not ascertained. Forty seven sporadic cases were notified, of which thirty were due to *Salmonella* organisms, one due to *Clostridium welchii*, whilst in sixteen cases the cause was not ascertained.

## Health Committee

CHAIRMAN—Alderman P. Buckley, M.B., B.Ch., B.A.O.

DEPUTY CHAIRMAN—Councillor N. Coe.

THE LORD MAYOR—Alderman Mrs. Elizabeth A. Yarwood, J.P.

Alderman	Mrs. Nellie Beer, O.B.E., J.P.	Councillor	T. O. Hamnett
„	W. Chadwick, M.B., Ch.B.	„	W. Higgins
„	Miss Lily Thomas, J.P.	„	K. J. Hill (to 24-5-67)
„	Sir Robert E. Thomas, D.L., J.P.	„	M. Johnson (to 15-5-67)
Councillor	Mrs. Sonia D. Alexander	„	D. G. Massey, T.D.
„	K. Collis	„	T. Mountford
„	G. Conquest	„	H. P. D. Paget (to 15-5-67)
„	B. J. Cox	„	Miss Muriel Pierce (from 24-5-67)
„	A. Deacy (from 24-5-67)	„	H. Pigott, M.B., Ch.B.
„	J. Dean	„	J. T. Rollins (to 24-5-67)
„	E. Donoghue (from 24-5-67)	„	B. H. Taylor
„	J. Gilmore (from 2-8-67)	„	J. Taylor, J.P., M.B., Ch.B.
		„	T. Thomas (to 2-8-67)
		„	A. Williamson, M.B.E.

## **Sub-Committees**

The following sub-committees are appointed to carry out certain of the duties referred to the Health Committee. The sub-committees' proceedings are subject to approval by the Health Committee.

### **Sanitary**

Sanitation and buildings; nuisances and offensive trades; common lodging houses and houses let in lodgings; houses in multiple occupation; offices, shops and railway premises; animal boarding establishments; riding establishments; factories and workplaces; provisions regarding food and drugs and the inspection of meat; poisons and pharmacy; the provision of public conveniences; the granting of certificates of disrepair and reports to owners under the Rent Act, 1957; applications for grants for improvements to or conversions of houses; the Rag Flock and other Filling Materials Act, 1951; the Shops Act, 1950; the Young Persons (Employment) Acts, 1938 and 1964; the abatement of smoke nuisances and atmospheric pollution; hairdressers' registration; persons trading in food on open sites; and all questions relating to the management and administration of the Sanitary Services Division with the exception of questions relating to the appointment of staff and salaries, wages and conditions of service of officers and servants.

### **Maternity and Child Welfare**

Maternity and child welfare, including all the duties included in the proposals of the Council under the National Health Service Acts, relating to midwifery; health visiting; care of mothers and young children (excepting the portion relating to the management of Knowle House); home nursing; prevention of illness, care and after-care; domestic helps; the cleansing of persons infested with vermin; the control and management of day nurseries; and the administration of the Maternity and Child Welfare Section with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

### **Mental Health**

All questions arising out of the powers and duties of the Council under the National Health Service Acts and the Mental Health Act, 1959 relating to mental health with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

### **Residential Homes**

The control and management of Dr. Garrett Memorial Home, Knowle House, Langho Colony, Ashton House and Walton House, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants and the purchase of bulk supplies.

### **Ambulance and Transport**

The control and management of ambulances, and ambulance stations, passenger cars and other vehicles and garages, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

The duties formerly carried out by the Ambulance and Transport Sub-Committee were taken over by the Health Committee on 13th June, 1967.

### **Staff**

The appointment of staff, salaries, wages and conditions of service of officers and servants in the employ of the Health Committee.

The duties formerly carried out by the Staff Sub-Committee were taken over by the Health Committee on 13th June, 1967.

## Health Officers

### Medical

C. Metcalfe Brown, M.D., D.P.H., Barrister-at-Law .. .. .	Medical Officer of Health and Principal School Medical Officer (retired 9th December, 1967)
A. J. Essex-Cater, M.R.C.S., L.R.C.P., D.C.H., D.P.H., D.I.H., F.R.A.I. ..	Deputy Medical Officer of Health and Deputy Principal School Medical Officer
A. Butterworth, M.B., B.S., D.P.H., D.I.H. .. .. .	Administrative Medical Officer— General
Anna E. Jones, M.B., B.Ch., B.A.O., D.G.O., D.P.H. .. .. .	Administrative Medical Officer— Nursing Services
Muriel Coates, M.B., Ch.B., D.M.R.T., D.P.H. .. .. .	Deputy Administrative Medical Officer Officer—General (part-time from 8th May, 1967)
Jill Roland, M.R.C.S., L.R.C.P. .. ..	Deputy Administrative Medical Officer—Nursing Services (from 9th January, 1967)
F.C. Leach, M.B., Ch.B. .. .. .	Medical Officer—Immunization and Vaccination
E. Howard Kitching, M.D., M.R.C.P., M.R.C.S., D.P.M. .. .. .	Consultant Psychiatrist (part-time)
W. Robinson, M.C., M.D., M.R.C.P. ..	Consultant Chest Physician (part- time)

### Other professional

J. Graham, M.B.E., F.A.P.H.I., F.R.S.H. . . .	Chief Public Health Inspector
A. N. Leather, B.Sc., F.R.I.C. .. ..	Public Analyst (retired 14th September, 1967)
J. B. Aldred, M.A., F.R.I.C. .. .. .	Public Analyst (from 13th November, 1967)
F. P. Lawton, M.R.C.V.S., D.V.S.M. ..	Chief Veterinary Officer

### Lay

C. W. Wilkinson .. .. .	Chief Administrative Assistant— General Services Division
N. J. Moulton, A.M.Inst.T. .. .. .	Chief Administrative Assistant— Nursing Services Division
T. Simpson, B.A.(Admin.) .. .. .	Chief Administrative Assistant— Mental Health Services Division

## Number of staff employed in the Health Department in December, 1967

Types of staff	Numbers employed			
	Full-time	Part-time	Totals full-time and part-time	Approx. full-time equivalent
Administrative medical officers .. .. .	5	1	6	6
Clinical medical officers .. .. .	11	21	32	15
Analytical chemists and laboratory assistants .. .. .	10	—	10	10
Veterinary officers .. .. .	3	—	3	3
Nursing:—				
Health visitors, school nurses, clinic nurses, etc. ..	158	24	182	170
Home nursing .. .. .	118	27	145	130
Midwifery .. .. .	61	4	65	64
Day nurseries .. .. .	231	2	233	232
Residential homes .. .. .	114	2	116	115
Others .. .. .	16	—	16	16
Physiotherapists .. .. .	1	1	2	2
Chiropodists .. .. .	3	—	3	3
Occupational therapists .. .. .	1	—	1	1
Speech therapists .. .. .	—	1	1	1
Children's wardens .. .. .	3	—	3	3
Social workers .. .. .	30	—	30	30
Residential hostel wardens and assistants .. .. .	14	—	14	14
Training centre supervisors and assistants .. .. .	36	—	36	36
Craft instructors .. .. .	27	—	27	27
Public health inspectors .. .. .	68	—	68	68
Student public health inspectors .. .. .	21	—	21	21
Technical assistants (smoke, housing, houses in multiple occupation and shops) .. .. .	34	—	34	34
Meat and food inspectors .. .. .	18	—	18	18
Trainee meat and food inspectors .. .. .	2	—	2	2
Administrative and clerical .. .. .	187	24	211	198
Ambulance operational control and supervision .. .. .	23	—	23	23
Storekeepers and assistants .. .. .	6	—	6	6
Supervisors—public conveniences .. .. .	2	—	2	2
Operational manual workers, etc.:—				
Home helps .. .. .	201	305	506	362
Ambulance, transport and disinfection .. .. .	194	3	197	195
Domestic staff in residential homes .. .. .	91	9	100	94
Public conveniences service .. .. .	78	17	95	87
Domestic staff in municipal hostels .. .. .	59	—	59	59
Domestic staff in day nurseries .. .. .	37	37	74	56
Child welfare centre cleaners .. .. .	28	19	47	39
Rodent operatives .. .. .	13	—	13	13
Bath attendants—home nursing service .. .. .	8	4	12	10
Others .. .. .	30	93	123	76
<b>Totals .. .. .</b>	<b>1,942</b>	<b>594</b>	<b>2,536</b>	<b>2,241</b>

Note:—Three full-time and one part-time district midwives of the St. Mary's Hospital Extern Service are employed on an agency basis, and are not included above.



## Section I

### **General Services Division**

General statistics

Social and economic conditions

Meteorology

Vital statistics

Registrar General's abstract

Infectious disease and epidemiology

Dry sterilization unit

Venereal diseases

General medical services

Radioactivity

Health education

Ambulance and transport service

Disinfection service

Residential homes

    Langho Colony

    Dr. Garrett Memorial Home for recuperating children

Municipal hostels

    Ashton House for women

    Walton House for men

Registration of nursing homes and nursing agencies



## General Statistics

### Population:—

Registrar General's estimated population mid-year, 1967

		Males	296,740				
		Females	319,780	..	..	..	616,520
Census population, 1961	..	Males	318,528				
		Females	343,263	..	..	..	661,791

### Deaths:—

Number of deaths	..	..	..	Males	3,871				
				Females	3,880	..	..	..	7,751
Death rate per 1,000 of population				Males	13.05				
				Females	12.13	..	..	..	12.57
Comparability factor	..	..	..	..	..	..	..	..	1.08
Death rate as adjusted by factor	..	..	..	..	..	..	..	..	13.58
Percentage of mortality occurring in institutions	..	..	..	..	..	..	..	..	52.92

### Births:—

		Males	Females	Totals				
Live births	Legitimate	4,819	4,623	9,442	..	..		11,305
	Illegitimate	960	903	1,863				
Live birth rate per 1,000 of population		..	..	..	..	..	..	18.34
Comparability factor	..	..	..	..	..	..	..	1.05
Birth rate as adjusted by factor	..	..	..	..	..	..	..	19.26
Illegitimate live births per cent. of total live births	..	..	..	..	..	..	..	16.48

		Males	Females	Totals				
Stillbirths	Legitimate	104	89	193	..	..		226
	Illegitimate	18	15	33				
Total live and stillbirths	..	..	..	..	..	..	..	11,531
Stillbirth rate per 1,000 total births (live and still)	..	..	..	..	..	..	..	19.60

### Infant mortality:—

Deaths of all infants under one year	..	..	..	..	..	..	..	258
Rate per 1,000 total live births	..	..	..	..	..	..	..	22.82
Deaths of legitimate infants under one year	..	..	..	..	..	..	..	210
Rate per 1,000 legitimate live births	..	..	..	..	..	..	..	22.24
Deaths of illegitimate infants under one year	..	..	..	..	..	..	..	48
Rate per 1,000 illegitimate live births	..	..	..	..	..	..	..	25.76

### Neonatal mortality:—

Deaths of infants under four weeks	..	..	..	..	..	..	..	162
Rate per 1,000 total live births	..	..	..	..	..	..	..	14.33

Early neonatal mortality:—

Deaths of infants under one week	.. .. .	149
Rate per 1,000 total live births	.. .. .	13·18

Post-neonatal mortality:—

Deaths of infants over four weeks and under one year	.. .. .	96
Rate per 1,000 total live births	.. .. .	8·49

Perinatal mortality:—

Stillbirths and deaths of infants under one week	.. .. .	375
Rate per 1,000 total births (live and still)	.. .. .	32·52

Maternal mortality:—

	Deaths	Rate per 1,000 total births	
Abortion .. .. .	—	—	
Other maternal causes .. .. .	1	0·09	0·09

<b>Excess of births over deaths</b>	.. .. .	3,554
-------------------------------------	---------	-------

General

Number of persons married per 1,000 of population	.. .. .	5,454
Area of the City in acres	.. .. .	27,255
Number of persons per acre	.. .. .	22·62
Number of occupied structurally separate dwellings (Census 1961)	..	205,006
Persons per occupied structurally separate dwelling (Census 1961)	..	3·23
Number of houses according to Rate Book (1st April, 1967)	.. ..	192,807
Persons per house	.. .. .	3·13
Rateable value (1st April, 1967)	.. .. .	£28,143,226
Sum represented by a penny rate (estimated)	.. .. .	£112,100

Number of new houses erected during 1967:—

By local authority	.. .. .	2,788
By other agencies or persons	.. .. .	401
		3,189

## Social and Economic Conditions

The County Borough of Manchester, the centre of a great commercial and industrial region, is responsible for all local government services within the City boundary and, also, for the sewage disposal and transport services of certain local authorities adjacent to Manchester. The water supply, drawn from the Peak District of Derbyshire and from the Lake District, is supplied to a number of local authorities en route to Manchester.

The population is 616,520 and reduces slightly annually as unfit houses are demolished and better spaced municipal houses replace them, but within ten miles of the City centre there are  $2\frac{1}{4}$  million people, of whom 400,000 travel to work in Manchester each day.

Principal industries are light and heavy engineering, electronic equipment, textiles, chemicals, clothing and footwear. Cotton no longer plays a major part in the City's prosperity, although Manchester is still the commercial centre for the cotton mills of surrounding towns. The City's commercial activities are now mainly concerned with distribution, professional services, insurance, banking and finance.

Manchester Airport, Britain's second busiest, is municipally owned and operates direct daily flights to most of the major cities of Europe. The City's inland port ranks as Britain's third busiest. With its main-line railway terminals, extensive goods handling yards and excellent bus system, Manchester's transport facilities adequately meet the businessman's demands for himself and his goods. Despite these facilities, Manchester is looking ahead in planning a new rapid transit system to connect various densely populated suburbs with the City centre.

A scheme for a major highway network has been approved by the City Council and is included in the City Development Plan. This scheme is being developed in conjunction with the proposals arising from the traffic survey of the principal routes in South-East Lancashire and North-East Cheshire (the SELNEC Plan). Part of this new highway system, named "Mancunian Way", is now in being; it is being used by an increasing number of vehicles, particularly heavy goods vehicles which would otherwise congest the City centre.

Manchester University, including the Institute of Science and Technology, is the largest university outside Oxford, Cambridge and London and, as the bulldozers demolish the older buildings surrounding it and new university buildings replace them a new "university quarter" is rapidly developing. When all the plans for the University precinct reach fruition Manchester will have what is likely to be the finest campus in Europe. Manchester Grammar School continues to gain a higher number of open awards for Oxford and Cambridge Universities than any other British school. There are also eight other direct grant grammar schools in the City and the Manchester Education Authority is responsible for a number of colleges of education, further education establishments, grammar schools, technical high schools, comprehensive schools, secondary modern schools and primary schools, as well as special schools for children who are educationally sub-normal, maladjusted, or physically handicapped, etc.

Manchester had one of the first free public libraries in Europe, founded in the 17th century by Humphrey Chetham, a Manchester merchant, and which still exists in its 15th century buildings. The great John Rylands library, opened at the beginning of this century as a memorial to John Rylands, another Manchester merchant, attracts scholars from all over the world to its collection of ancient manuscripts and bibliographia. The City also has one of the world's finest public library systems; indeed, the Central Library has a reference section comprising over 300,000 volumes.

The City's Art Gallery has a collection of pictures which is one of the most important in the country and now also houses the Assheton Bennett Collection of silver and pictures valued at one million pounds. The Gallery of English Costume (one of the City's five branch galleries) has a vast collection of costume covering the past two hundred years.

## Meteorology

The following summary of the weather in Manchester during the year has been provided by the meteorological officer in charge of the Manchester Weather Centre:—

### Winter

*(December, January, February)*

The mildest since 1957 with snow lying on only two days and only one spell of about a week of cold weather at the beginning of January. It was the sunniest winter since 1963 though it ended with a period of strong winds throughout the last week of February.

### Spring

*(March, April, May)*

The wettest since 1951 and included a very windy March and a very wet May. This was the wettest May ever recorded in Manchester with only two days without rain. Violent thunderstorms on the 11th produced the highest total (2·18 inches) for a May day since records began. Sunshine and temperature were slightly below average.

### Summer

*(June, July, August)*

The warmest and sunniest since 1959 though there were only two spells of really fine weather. June had nearly a fortnight of warm sunny weather and was the sunniest for six years. This month also had the wettest June day on record with 1·70 inches at Manchester Airport on 24th. Another warm sunny week late in August completed a summer with less than average rainfall.

### Autumn

*(September, October, November)*

Wet, with the wettest October for 13 years and the wettest October day for nearly 20 years (1·36 inches on 16th). The mean temperature was just below normal and a foggy spell of nearly a week helped to keep the sunshine total below average.

### Year

Drier and sunnier than 1966 with mean temperature about the same.

Warmest day..	..	..	79·7°F on 17th July.
Coldest night..	..	..	21·2°F on 9th January.
Wettest day	..	..	2·18 inches on 11th May.
Sunniest day	..	..	15·0 hours on 10th July.
Highest gust	..	..	72 m.p.h. on 28th February.

The figures in the following table have been received from the Meteorological Office weather centre in Manchester.

Extracts from readings taken at the City weather centre, Royal Exchange, Manchester 2.								Extracts from readings taken at Manchester Airport					
Month		Mean maximum temperature (°Centigrade)	Mean minimum temperature (°Centigrade)	Mean temperature (°Centigrade)	Total rainfall (inches)	Total number of wet days	Total hours of sunshine	Number of days on which fog was noted at 09.00 G.M.T.	Mean temperature (°Centigrade)	Total rainfall (inches)	Total number of wet days	Total hours of sunshine	Number of days on which fog was noted at 09.00 G.M.T.
January	..	7.4	3.4	5.4	1.83	15	46.50	3	4.4	1.63	14	55.80	3
February	..	8.4	4.2	6.3	2.70	11	50.96	3	5.3	2.04	11	70.30	3
March	..	10.0	5.0	7.5	1.35	9	111.60	—	6.9	1.37	9	139.50	—
April	..	11.1	5.7	8.4	0.95	7	87.60	1	7.7	1.01	7	98.10	1
May	..	13.9	7.6	10.7	6.36	20	130.20	—	10.3	5.69	22	165.23	—
June	..	19.5	11.3	15.4	2.21	6	214.20	—	14.6	2.45	6	233.40	—
July	..	20.5	13.4	16.9	2.85	12	158.10	—	16.5	2.29	12	182.90	—
August	..	19.2	13.1	16.1	3.29	14	120.28	—	15.7	3.29	18	142.29	1
September	..	17.0	11.3	14.1	4.41	15	95.40	1	13.7	3.04	15	117.60	1
October	..	13.3	8.7	11.0	5.98	18	81.84	—	10.5	4.67	17	93.11	—
November	..	8.1	3.7	5.9	2.44	16	32.10	10	5.1	2.15	15	56.40	6
December	..	7.0	3.4	5.2	2.52	12	47.43	4	4.5	2.45	12	56.42	2
Totals	..				36.89	155	1176.21	22		32.08	158	1411.05	17

# VITAL STATISTICS

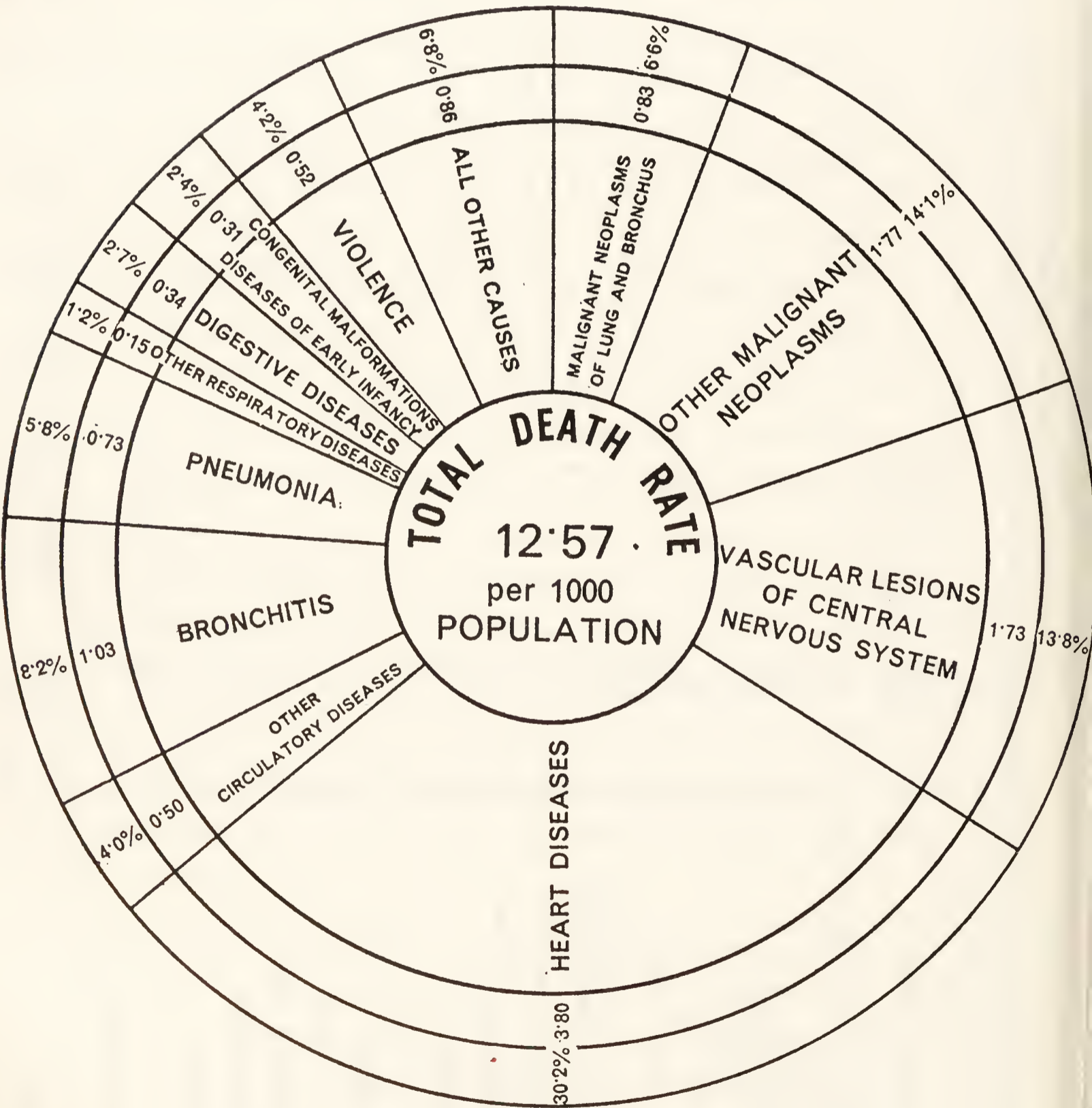
## Causes of Death by Age Registrar General's Return—Manchester

CAUSES OF DEATH	Sex	Total all ages	Age group										75 and over
			Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	
Tuberculosis, respiratory ..	M	33	—	—	—	—	—	1	2	10	6	11	3
Tuberculosis, other ..	F	9	—	—	—	—	—	1	1	3	—	1	1
Syphilitic disease ..	M	2	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	F	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	M	7	—	—	—	—	—	—	—	1	2	2	2
Meningococcal infection ..	F	4	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ..	M	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	F	1	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic disease	M	—	—	1	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach	F	5	—	—	—	—	1	—	1	—	—	—	—
Malignant neoplasm, lung, bronchus	M	8	—	—	—	—	—	2	—	1	1	3	1
Malignant neoplasm, breast	F	105	—	—	—	—	—	—	1	14	32	29	29
Malignant neoplasm, breast	M	100	—	—	—	—	—	—	2	5	15	35	43
Malignant neoplasm, breast	F	407	—	—	—	—	—	—	20	44	139	136	68
Malignant neoplasm, breast	M	104	—	—	—	—	1	3	3	15	31	31	20
Malignant neoplasm, uterus..	F	2	—	—	—	—	—	—	—	—	2	—	—
Malignant neoplasm, uterus..	M	124	—	—	—	—	—	3	6	23	32	26	34
Other malignant and lymphatic neoplasms	M	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia, aleukaemia ..	F	66	—	—	—	—	—	1	7	16	20	14	8
Diabetes ..	M	360	—	—	—	—	4	1	9	33	103	118	91
Vascular lesions of central nervous system	F	311	—	—	—	—	2	5	4	41	63	117	77
Coronary disease, angina ..	M	13	—	—	—	—	—	—	—	1	7	1	1
Hypertension with heart disease	F	12	—	—	—	—	—	1	1	1	3	2	2
	M	17	—	—	—	—	—	—	—	—	3	9	2
	F	42	—	—	—	—	—	—	1	—	10	19	12
	M	396	—	—	—	—	1	2	6	17	75	129	166
	F	670	—	—	—	—	1	—	8	19	51	154	437
	M	874	—	—	—	—	1	4	31	104	294	264	176
	F	607	—	—	—	—	—	2	4	21	93	197	290
	M	30	—	—	—	—	—	—	2	3	7	10	8
	F	48	—	—	—	—	—	—	—	2	5	10	31

CAUSES OF DEATH	Sex	Total all ages	Age group								65—	75 and over
			Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	
Other heart disease ..	M	279	—	—	—	—	2	3	8	22	34	138
	F	504	—	—	—	—	1	2	4	15	50	342
Other circulatory disease ..	M	128	—	—	—	—	—	1	6	12	19	52
	F	180	—	—	—	—	2	2	3	8	34	119
Influenza ..	M	9	—	1	—	—	—	—	—	—	4	2
	F	7	—	—	—	—	—	—	—	1	2	3
Pneumonia ..	M	188	1	23	6	2	2	2	3	9	24	76
	F	264	4	15	6	—	—	3	2	5	15	174
Bronchitis ..	M	410	—	7	1	—	—	—	5	18	103	127
	F	228	—	2	—	—	—	—	3	8	30	113
Other disease of respiratory system	M	43	—	4	—	—	5	2	—	2	12	6
	F	31	—	3	1	—	—	—	—	4	2	15
Ulcer of stomach and duodenum	M	37	—	—	—	—	—	1	2	2	10	7
	F	16	—	—	—	—	—	—	1	—	4	8
Gastritis, enteritis and diarrhoea	M	16	—	—	—	—	—	—	—	1	2	5
	F	33	—	6	—	—	—	—	1	—	6	6
Nephritis and nephrosis ..	M	18	—	8	—	—	1	1	1	—	4	2
	F	14	—	—	—	—	—	—	1	—	5	5
Hyperplasia of prostate ..	M	17	—	—	—	—	—	—	—	—	1	10
Pregnancy, childbirth, abortion	M	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—	—	—
Congenital malformation ..	M	35	—	3	—	2	—	—	1	—	—	—
	F	29	22	5	4	2	—	2	1	1	2	—
Other defined and ill-defined disease	M	254	69	4	4	3	9	7	12	22	36	47
	F	329	53	5	4	3	3	4	8	13	29	155
Motor vehicle accidents ..	M	69	—	—	2	2	14	8	5	9	7	8
	F	36	—	—	—	3	2	3	—	3	6	8
All other accidents ..	M	73	1	3	—	5	8	3	10	5	6	18
	F	73	1	4	5	2	—	3	—	4	4	38
Suicide ..	M	40	—	—	—	—	4	5	9	6	9	3
	F	26	—	—	—	—	—	4	8	3	6	1
Homicide and operations of war	M	3	—	1	2	—	—	1	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	—	—
Totals .. ..	M	3,871	93	53	29	15	52	42	134	342	941	1,047
	F	3,880	69	43	21	13	13	41	71	212	499	1,945
	All	7,751	162	96	50	28	65	83	205	554	1,440	2,992

DEATHS FROM PRINCIPAL CAUSES

RATE per 1000 POPULATION  
AND  
PERCENTAGE of TOTAL DEATHS



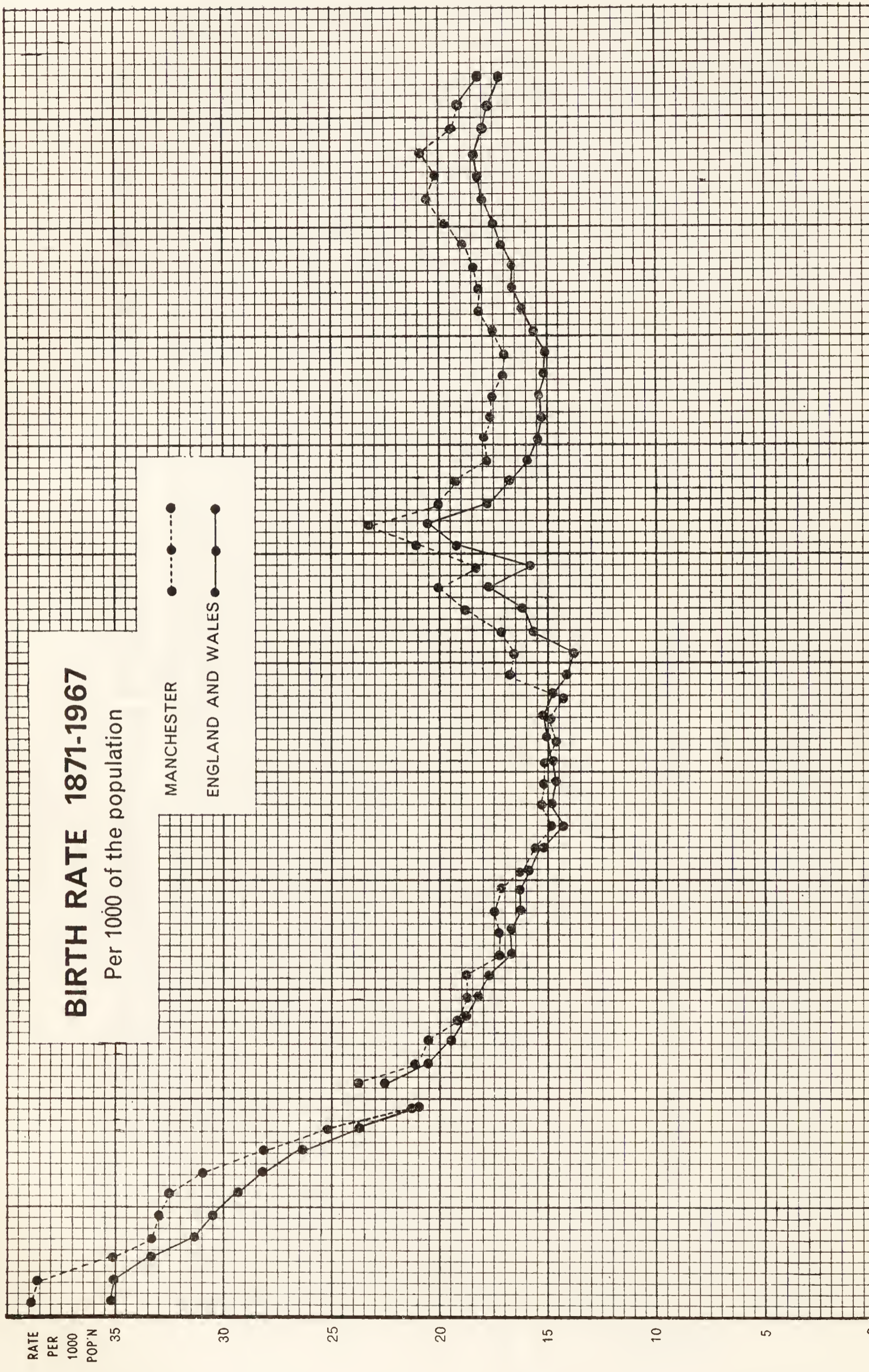
RATE  
PER  
1000  
POP'N

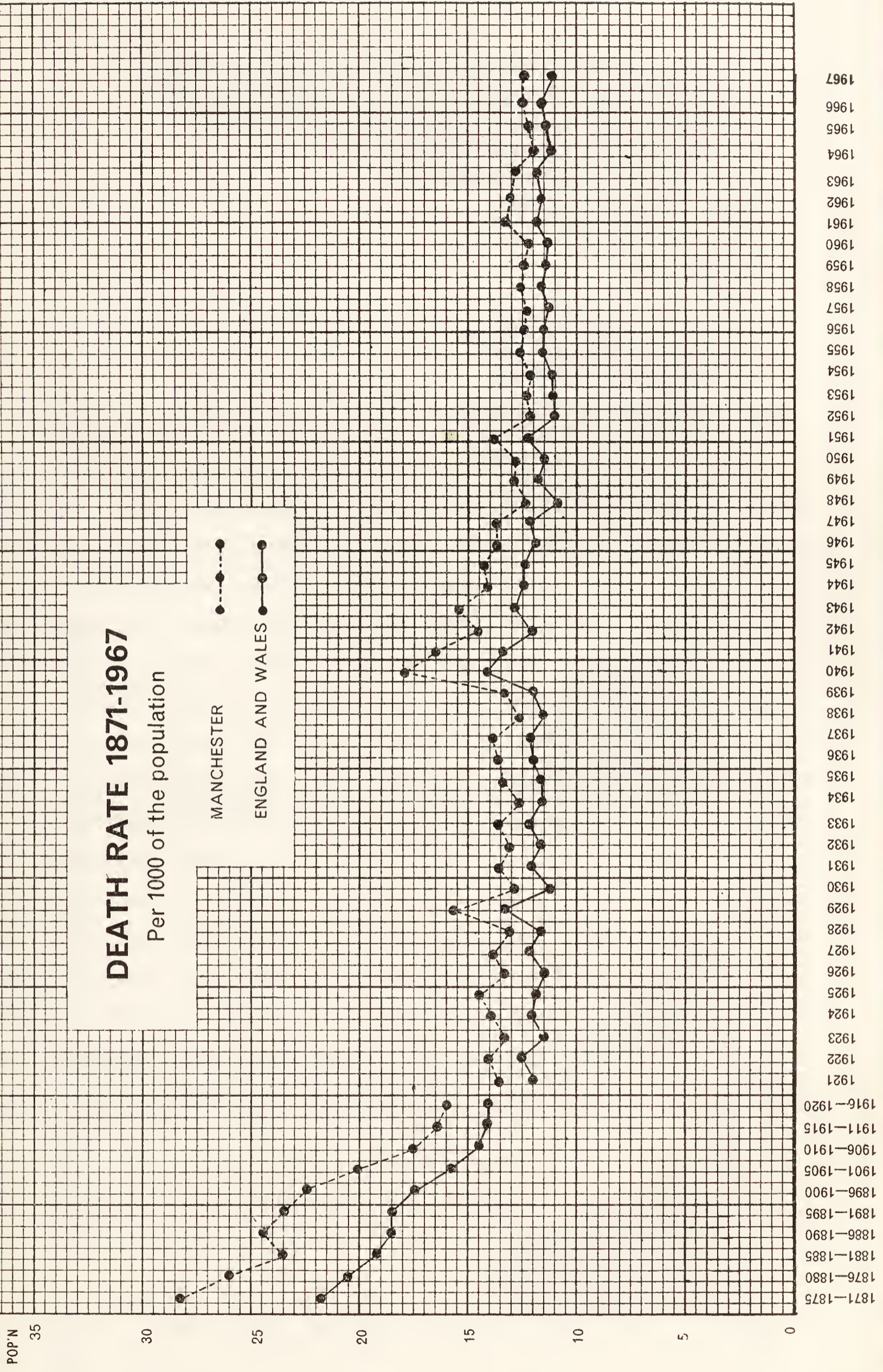
# BIRTH, MARRIAGE AND DEATH RATES 1871-1967

Per 1000 of the population

BIRTH RATES  
MARRIAGE RATES  
DEATH RATES

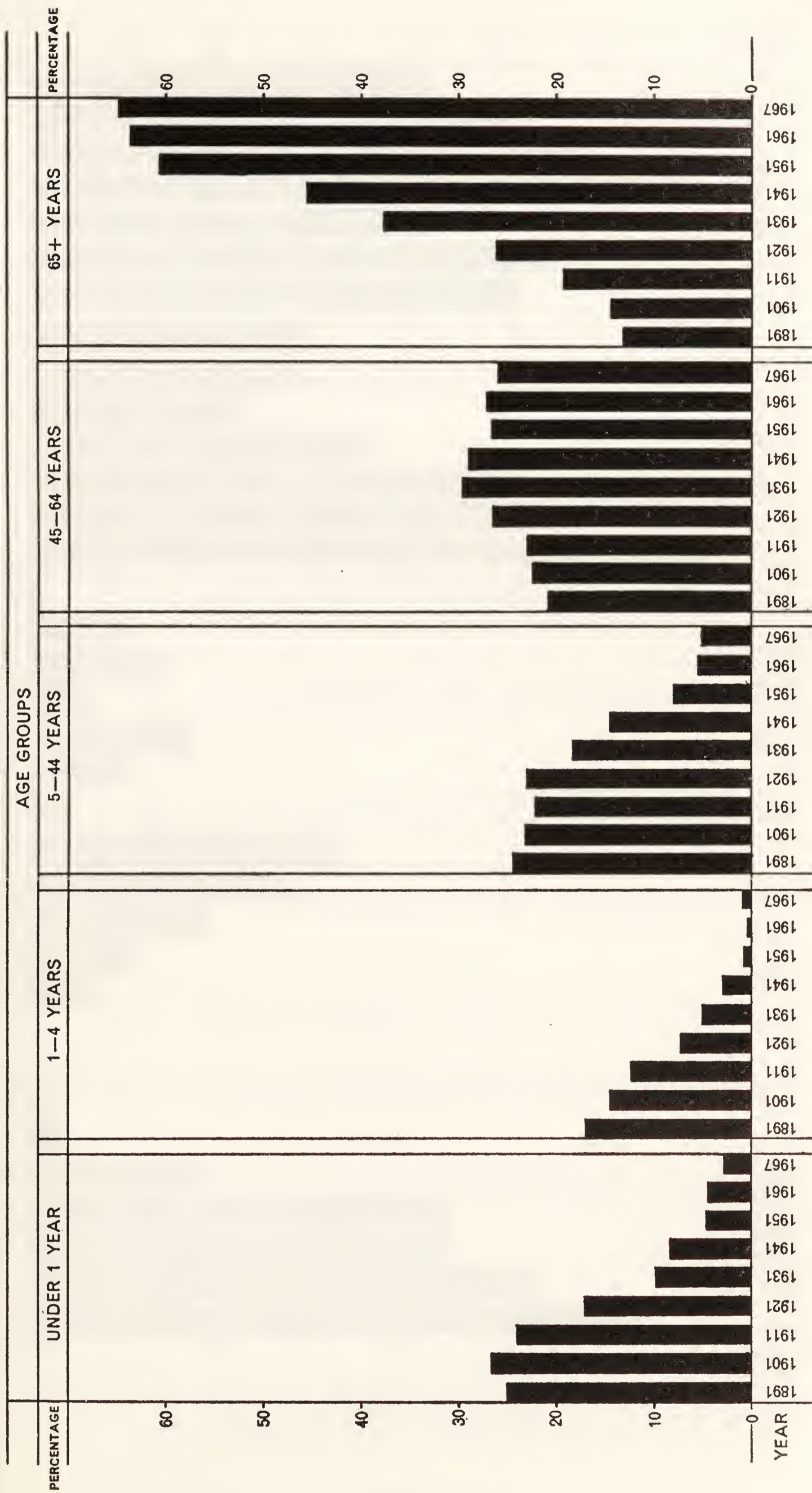
1871-1875 1876-1880 1881-1885 1886-1890 1891-1895 1896-1900 1901-1905 1906-1910 1911-1915 1916-1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967



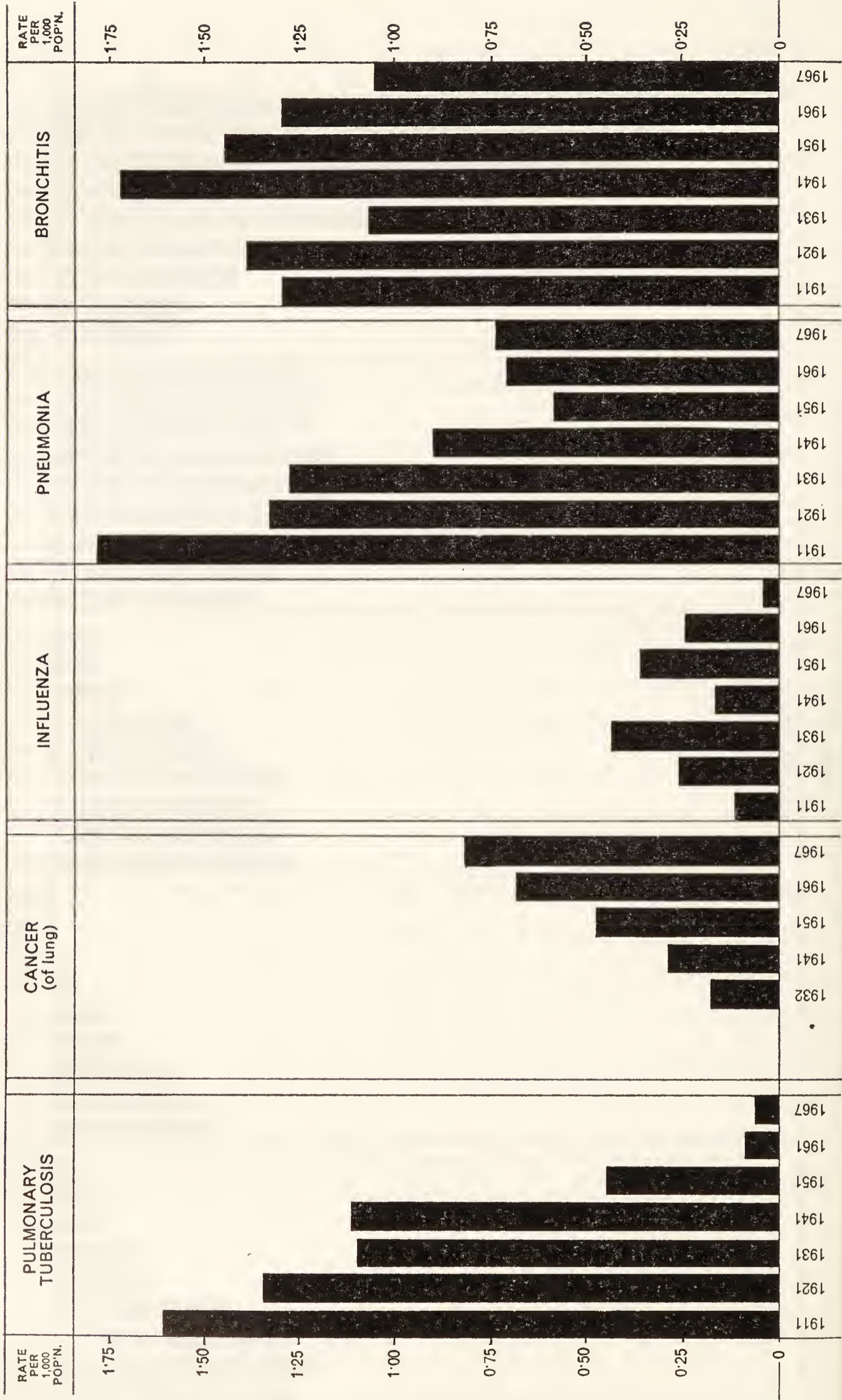


### Deaths in age groups and percentages of total deaths

Year	Total number of deaths	Age groups and percentages									
		0—		1—4		5—44		45—64		65—	
		No.	%	No.	%	No.	%	No.	%	No.	%
1891 ..	13,202	3,299	24·99	2,225	16·85	3,178	24·07	2,756	20·88	1,744	13·21
1901 ..	11,801	3,114	26·39	1,676	14·20	2,725	23·09	2,627	22·26	1,659	14·06
1911 ..	12,272	2,901	23·64	1,516	12·35	2,711	22·09	2,790	22·74	2,354	19·18
1921 ..	10,093	1,707	16·91	728	7·21	2,313	22·92	2,687	26·62	2,658	26·34
1931 ..	10,618	1,027	9·67	503	4·74	1,943	18·30	3,144	29·61	4,001	37·68
1941 ..	10,016	832	8·31	265	2·65	1,467	14·65	2,886	28·81	4,566	45·58
1951 ..	9,676	439	4·54	64	0·66	748	7·73	2,568	26·54	5,857	60·53
1959 ..	8,397	325	3·87	39	0·46	456	5·43	2,199	26·19	5,378	64·05
1960 ..	8,269	366	4·43	39	0·47	421	5·09	2,181	26·38	5,262	63·63
1961 ..	8,910	388	4·35	36	0·40	457	5·13	2,369	26·59	5,660	63·53
1962 ..	8,767	413	4·71	47	0·54	424	4·84	2,336	26·64	5,547	63·27
1963 ..	8,504	391	4·60	62	0·73	449	5·28	2,338	27·49	5,264	61·90
1964 ..	7,715	382	4·95	38	0·49	421	5·46	2,082	26·99	4,792	62·11
1965 ..	7,866	337	4·29	43	0·55	421	5·35	2,172	27·61	4,893	62·20
1966 ..	7,844	306	3·90	50	0·64	358	4·56	2,071	26·40	5,059	64·50
1967 ..	7,751	258	3·33	50	0·65	381	4·92	1,994	25·72	5,068	65·38



# DEATH RATES from RESPIRATORY DISEASES (PER 1000 POPULATION)



Ward population, area, density, births and deaths  
(figures compiled in the department)

WARDS	Estimated population	Area in acres	Persons per acre	Live births			Deaths		Deaths under one year of age		
				Legitimate	Illegitimate	Totals	Rate per 1,000 population	Totals	Legitimate	Illegitimate	Totals
CITY OF MANCHESTER ..	616,520	27,255	22.62	9,442	1,863	11,305	18.34	7,746	214	44	258
Alexandra Park ..	20,166	780	25.85	331	82	413	20.48	255	6	2	8
All Saints ..	5,888	315	18.69	96	28	124	21.06	70	6	—	6
Ardwick ..	8,098	436	18.57	158	40	198	24.45	98	5	3	8
Baguley ..	26,374	1,405	18.77	241	36	277	10.50	234	6	—	6
Barlow Moor ..	15,415	1,120	13.76	124	49	173	11.22	337	1	—	1
Benchill ..	25,212	1,027	24.55	272	56	328	13.01	224	3	1	4
Beswick ..	14,081	243	57.95	259	33	292	20.74	144	5	—	5
Blackley ..	21,981	1,226	17.93	288	41	329	14.97	252	4	4	8
Bradford ..	18,948	772	24.54	326	34	360	19.00	240	11	—	11
Burnage ..	19,311	737	26.20	202	26	228	11.81	253	5	2	7
Cheetham ..	13,498	446	30.26	281	63	344	25.49	173	3	1	4
Chorlton-cum-Hardy ..	19,248	849	22.67	294	65	359	18.65	245	4	—	4
Collegiate Church ..	12,491	501	24.93	293	102	395	31.62	151	1	—	1
Crumpsall ..	26,220	1,805	14.53	311	40	351	13.39	372	6	2	8
Didsbury ..	16,927	1,181	14.33	219	21	240	14.18	208	8	—	8
Gorton North ..	20,448	540	37.87	378	46	424	20.74	288	3	2	5
Gorton South ..	15,326	631	24.29	168	32	200	13.05	216	4	—	4
Harpurhey ..	14,276	372	38.38	326	54	380	26.62	220	13	1	14
Hugh Oldham ..	7,325	498	14.71	125	29	154	21.02	109	7	—	7
Levenshulme ..	16,766	606	27.67	267	41	308	18.37	201	3	—	3
Lightbowne ..	17,370	390	44.53	270	32	302	17.39	242	10	—	10
Longsight ..	14,953	355	42.12	344	78	422	28.22	186	7	2	9
Miles Platting ..	10,652	444	23.99	226	26	252	23.66	149	7	—	7
Moss Side East ..	16,366	277	59.08	399	149	548	33.48	190	7	6	13
Moss Side West ..	16,416	268	61.25	409	169	578	35.21	178	8	2	10
Moston ..	19,458	1,170	16.63	232	23	255	13.11	269	5	—	5
New Cross ..	11,798	354	33.33	186	32	218	18.48	140	4	—	4
Newton Heath ..	16,708	905	18.46	232	11	245	14.54	275	2	2	4
Northenden ..	23,135	1,763	13.12	246	27	273	11.80	252	7	1	8
Old Moat ..	14,503	624	23.24	135	35	170	11.72	188	—	—	—
Openshaw ..	18,331	543	33.76	343	55	398	21.71	254	8	—	8
Rusholme ..	15,347	726	21.14	241	48	289	18.83	197	4	—	4
St. George's ..	3,272	318	10.29	33	11	44	13.45	49	—	—	—
St. Luke's ..	13,191	287	45.96	328	82	410	31.08	188	7	5	12
St. Mark's ..	16,798	517	32.49	348	71	419	24.94	240	12	2	14
St. Peter's ..	4,988	837	5.96	34	5	39	7.82	54	—	1	1
Withington ..	15,068	560	26.91	188	38	226	15.00	181	5	—	5
Woodhouse Park ..	30,167	1,427	21.14	289	53	342	11.34	224	6	1	7

# MATERNAL MORTALITY 1931-1967

Mortality per 1,000 live and stillbirths

MANCHESTER  
ENGLAND AND WALES

RATE  
PER  
1000  
LIVE  
AND  
STILL  
BIRTHS

4.0

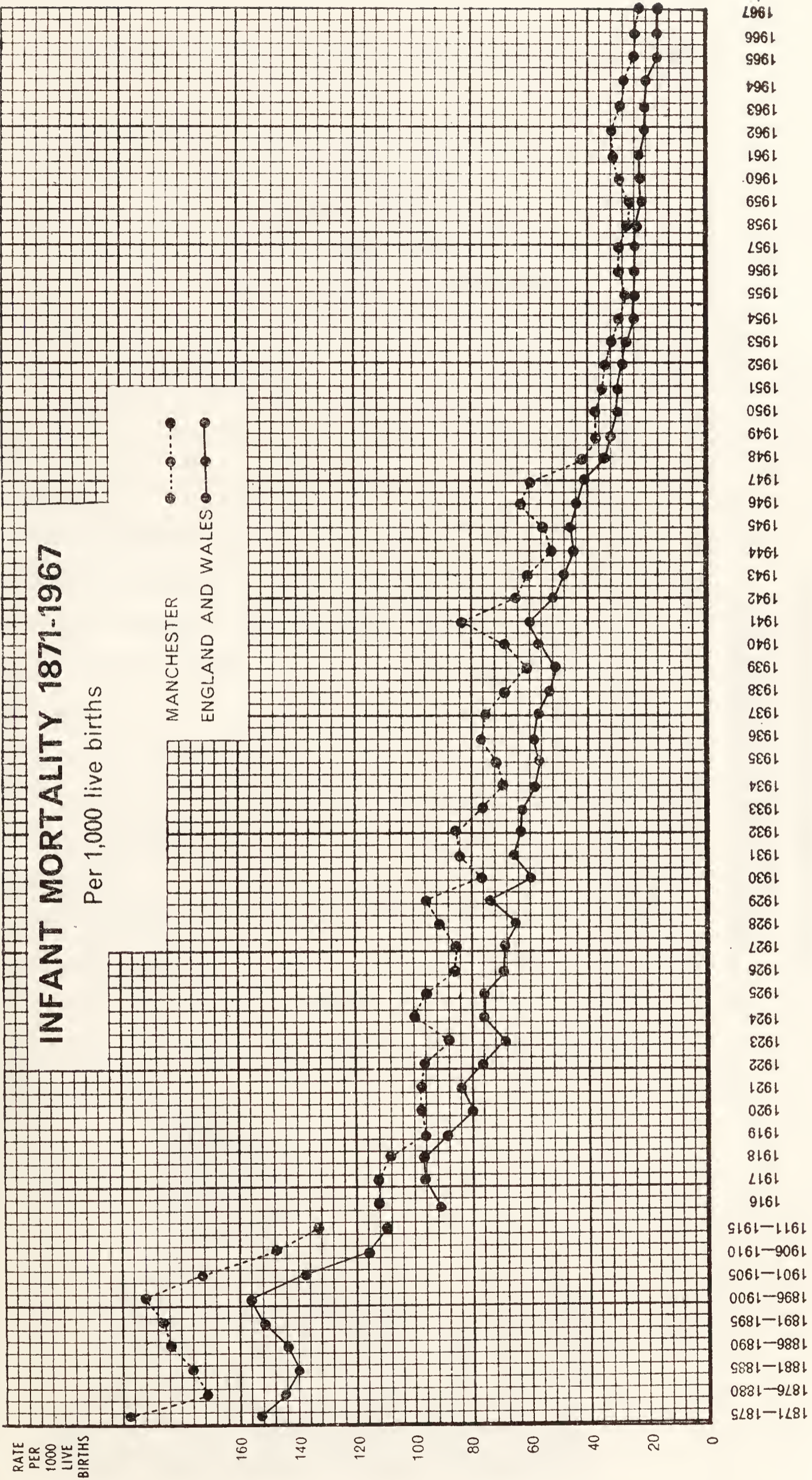
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1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967



# Causes of death in infancy and childhood

(Registrar General's abridged list)  
(figures compiled in the department)

CAUSE OF DEATH	Under 1 year					1 to 5 years				Totals under 5 years
	Under 4 weeks	4 weeks to 3 months	3—6 months	6—12 months	Totals	1—2 years	2—3 years	3—4 years	4—5 years	Totals
Meningococcal infections .. .. .	—	—	—	—	—	1	—	—	—	1
Acute infectious encephalitis .. .. .	—	—	1	—	1	1	—	—	—	1
Measles .. .. .	—	1	—	—	1	—	—	—	—	—
Neoplasms, malignant .. .. .	—	—	—	—	—	—	—	2	—	—
Meningitis (not tubercular) .. .. .	—	—	1	—	1	—	—	—	—	—
Other diseases of nervous system .. .. .	—	—	—	—	—	2	2	—	1	5
Influenza .. .. .	—	—	1	—	1	—	—	—	—	—
Pneumonia, broncho— .. .. .	—	13	13	8	34	4	1	2	—	41
Pneumonia, lobar .. .. .	—	2	2	—	4	—	—	—	1	5
Pneumonia, other .. .. .	—	—	—	—	—	—	1	—	3	4
Bronchitis .. .. .	—	4	3	—	7	1	—	—	—	10
Other respiratory diseases .. .. .	—	4	1	2	7	—	—	—	—	8
Diarrhoea (4 weeks—2 years) .. .. .	—	6	6	2	14	—	—	—	1	14
Other diseases of digestive system .. .. .	1	1	—	1	3	—	1	1	—	6
Congenital malformations .. .. .	34	2	2	4	42	2	—	—	—	48
Birth injury, with immaturity .. .. .	5	—	—	—	5	—	—	—	—	5
Birth injury, without immaturity .. .. .	14	—	—	—	14	—	—	—	—	14
Birth injury, with immaturity .. .. .	15	—	—	—	15	—	—	—	—	15
Atelectasis, with immaturity .. .. .	9	—	—	—	9	—	—	—	—	9
Atelectasis, without immaturity .. .. .	—	—	—	—	—	—	—	—	—	—
Pneumonia of newborn, with immaturity .. .. .	6	—	—	—	6	—	—	—	—	6
Pneumonia of newborn, without immaturity .. .. .	—	—	—	—	—	—	—	—	—	—
Other infections of newborn, with immaturity .. .. .	1	—	—	—	1	—	—	—	—	1
Other infections of newborn, without immaturity .. .. .	—	—	—	—	—	—	—	—	—	—
Haemolytic disease of newborn, with immaturity .. .. .	4	—	—	—	4	—	—	—	—	4
Haemolytic disease of newborn, without immaturity .. .. .	10	—	—	—	10	—	—	—	—	10
Other disease of early infancy, with immaturity .. .. .	12	—	—	—	12	—	—	—	—	12
Other disease of early infancy, without immaturity .. .. .	48	1	—	—	49	—	—	—	—	49
Immaturity, unqualified .. .. .	—	—	—	—	—	—	—	—	—	—
Suffocation in bed or cradle .. .. .	—	1	3	—	4	—	—	—	—	4
Accident (motor vehicle) .. .. .	—	—	—	—	—	1	—	—	—	2
Other violence .. .. .	2	—	1	—	3	6	4	1	—	13
Other causes .. .. .	1	3	1	—	5	—	—	—	—	5
All causes .. .. .	162	40	35	21	258	19	10	10	11	308

There were no deaths from tuberculosis, syphilis, diphtheria, scarlet fever, poliomyelitis or whooping cough.

**Infant Mortality**  
**Deaths from various causes**  
**1963—67**  
*(figures compiled in the department)*

Cause of death	Numbers of deaths				
	1963	1964	1965	1966	1967
All causes .. .. .	390	382	336	306	258
Whooping cough .. .. .	3	1	..	1	..
Meningococcal infection .. .. .	2	1	..	2	..
Acute infectious encephalitis .. .. .	..	..	2	1	1
Measles .. .. .	1	1	..	..	1
Diseases of the nervous system .. .. .	5	7	2	4	1
Influenza .. .. .	..	..	1	1	1
Pneumonia (over 4 weeks of age) .. .. .	56	47	51	54	41
Bronchitis .. .. .	20	12	8	7	9
Other respiratory diseases.. .. .	2	2	4	6	7
Diarrhoeal diseases .. .. .	11	16	8	10	14
Other digestive diseases .. .. .	..	5	1	6	4
Congenital malformations.. .. .	55	79	56	51	41
Birth injuries .. .. .	50	36	43	25	20
Other diseases of early infancy .. .. .	79	89	83	77	55
Immaturity, unqualified .. .. .	79	58	54	47	49
Violence .. .. .	15	21	12	7	10
All other causes .. .. .	12	7	11	7	4

## Deaths under one year of age from diarrhoea, congenital malformations, diseases of early infancy and other causes 1947-67

*(figures compiled in the department)*

Year	Diarrhoea		Congenital malformations		Injury at birth		Atelectasis		Other diseases of early infancy		Immaturity unqualified		Other causes		Total deaths	Infant mortality rate per 1,000 live births
	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births		
1947 .. ..	223	14.1	90	5.7	37	2.3	57	3.0	49	3.1	181	11.4	309	19.6	946	59.8
1948 .. ..	57	4.1	72	5.2	45	3.3	49	3.6	22	1.6	104	7.5	232	16.8	581	42.1
1949 .. ..	57	4.3	63	4.8	45	3.4	47	3.6	25	1.9	70	5.3	195	14.9	502	38.2
1950 .. ..	38	3.0	67	5.4	43	3.5	58	4.7	41	3.3	81	6.5	143	11.5	471	37.9
1951 .. ..	30	2.4	56	4.5	47	3.8	73	5.9	34	2.7	60	4.8	139	11.2	439	35.3
1952 .. ..	19	1.5	77	6.2	43	3.5	65	5.3	26	2.1	86	7.0	108	8.7	424	34.3
1953 .. ..	9	0.7	53	4.3	44	3.6	51	4.2	33	2.7	85	7.0	98	8.0	373	30.5
1954 .. ..	11	0.9	81	6.8	44	3.7	53	4.5	37	3.1	52	4.4	71	6.1	349	29.5
1955 .. ..	6	0.5	72	6.2	31	2.6	43	3.7	28	2.4	62	5.3	90	7.7	332	28.4
1956 .. ..	5	0.4	66	5.5	29	2.4	50	4.2	42	3.5	70	5.9	96	8.0	358	29.9
1957 .. ..	2	0.2	64	5.2	44	3.5	48	3.9	35	2.8	86	6.9	95	7.6	374	30.1
1958 .. ..	5	0.4	48	3.9	40	3.2	48	3.9	34	2.8	80	6.5	61	4.9	316	25.6
1959 .. ..	3	0.2	53	4.3	33	2.7	51	4.1	34	2.8	63	5.1	88	7.2	325	26.4
1960 .. ..	15	1.2	75	6.0	28	2.2	42	3.3	37	3.0	79	6.3	90	7.1	366	29.1
1961 .. ..	12	0.9	79	6.1	44	3.4	44	3.4	37	2.8	91	7.0	79	6.1	386	29.7
1962 .. ..	32	2.4	63	4.6	48	3.5	48	3.5	27	2.0	74	5.5	123	9.1	415	30.6
1963 .. ..	11	0.8	55	4.1	50	3.8	39	2.9	40	3.0	79	5.9	116	8.8	390	29.3
1964 .. ..	16	1.2	79	5.9	36	2.7	55	4.1	34	2.6	58	4.4	104	7.9	382	28.8
1965 .. ..	8	0.6	56	4.5	43	3.4	33	2.6	50	4.0	54	4.3	92	7.4	336	26.8
1966 .. ..	10	0.8	51	4.3	25	2.1	36	3.0	41	3.4	47	3.9	96	8.0	306	25.5
1967 .. ..	14	1.2	42	3.7	20	1.8	24	2.1	33	2.9	49	4.3	76	6.7	258	22.8

Legitimate and illegitimate live births and deaths of infants under one year of age—Manchester and England and Wales  
(Registrar General's returns 1947-1967)

Year	LIVE BIRTHS				DEATHS UNDER ONE YEAR OF AGE									
	Legitimate	Illegitimate	Totals	Illegitimate percentage of total live births	Illegitimate percentage of total live births England & Wales	Number		Rate per 1,000 related live births						
						Legitimate	Illegitimate	Totals	Legitimate	Illegitimate	Totals			
												England and Wales		
								Legitimate	Illegitimate	Totals		Legitimate	Illegitimate	Totals
1947	14,760	1,070	15,830	6.76	5.29	859	87	946	58.20	81.31	59.76	40.4	58.0	41.8
1948	12,886	908	13,794	6.58	5.41	524	57	581	40.66	62.77	42.12	33.3	45.3	34.5
1949	12,243	886	13,129	6.75	5.10	461	41	502	37.65	46.28	38.24	31.7	44.8	32.7
1950	11,523	913	12,436	7.34	5.06	433	38	471	37.58	41.62	37.87	29.1	39.4	29.8
1951	11,616	822	12,438	6.58	4.84	407	32	439	35.03	38.93	35.29	29.2	38.5	29.6
1952	11,549	818	12,367	6.61	4.80	398	26	424	34.46	31.78	34.28	27.2	34.9	27.6
1953	11,450	768	12,218	6.29	4.75	352	21	373	30.74	27.34	30.53	26.5	33.0	26.8
1954	10,967	876	11,843	7.40	4.70	322	27	349	29.36	30.82	29.47	25.1	32.1	25.4
1955	10,879	825	11,704	7.05	4.66	312	20	332	28.68	24.24	28.37	24.5	31.7	24.9
1956	11,052	915	11,967	7.65	4.80	327	31	358	29.59	33.88	29.92	23.4	28.5	23.7
1957	11,407	1,017	12,424	8.19	4.80	337	37	374	29.54	36.38	30.10	23.0	30.0	23.1
1958	11,291	1,044	12,335	8.46	4.88	284	32	316	25.15	30.65	25.62	22.3	27.8	22.6
1959	11,186	1,146	12,332	9.29	5.09	298	27	325	26.64	23.56	26.35	21.9	27.4	22.0
1960	11,412	1,183	12,595	9.39	5.44	338	28	366	29.62	23.67	29.06	21.5	26.4	21.7
1961	11,675	1,328	13,003	10.21	5.90	355	33	388	30.41	24.85	29.84	21.1	25.3	21.4
1962	11,974	1,597	13,571	11.77	6.60	355	58	413	29.65	36.32	30.43	21.3	27.3	21.7
1963	11,634	1,677	13,311	12.60	6.90	344	47	391	29.57	28.02	29.37	20.8	26.0	21.1
1964	11,507	1,776	13,283	13.37	7.24	330	52	382	28.68	29.28	28.76	19.4	26.3	19.9
1965	10,741	1,776	12,517	14.19	7.66	280	57	337	26.07	32.09	26.92	18.5	24.9	19.0
1966	10,205	1,780	11,985	14.85	7.89	251	55	306	24.60	30.90	25.53	18.5	24.6	19.0
1967	9,442	1,863	11,305	16.48	*	210	48	258	22.24	25.76	22.82	*	*	18.3

\* Not available

**Analysis of Stillbirths**  
(Figures compiled in the department)

Cause	Totals	Males	Females	Legitimate	Illegitimate	Place of confinement		Stillbirth certified by	
						Hospital or nursing home	Domiciliary	Doctor	Midwife
<b>Maternal conditions:—</b>									
Disease in mother .. .. .	6	5	1	5	1	6	—	6	—
Diseases of pregnancy:—									
Haemorrhage without mention of placental condition	30	21	9	24	6	30	—	30	—
Toxaemia with convulsions during pregnancy or labour	10	6	4	9	1	10	—	9	1
Other toxaemia .. .. .	1	—	1	1	—	1	—	1	—
Difficult labour .. .. .	8	3	5	7	1	7	1	7	1
Other causes in mother ..	—	—	—	—	—	—	—	—	—
<b>Placental and cord conditions ..</b>	<b>26</b>	<b>17</b>	<b>9</b>	<b>26</b>	<b>—</b>	<b>23</b>	<b>3</b>	<b>25</b>	<b>1</b>
<b>Foetal conditions:—</b>									
Birth injury	3	2	1	2	1	3	—	3	—
Congenital malformations:—									
Anencephalus .. .. .	29	7	22	24	5	28	1	29	—
Hydrocephalus .. .. .	9	5	4	8	1	7	2	9	—
Spina bifida .. .. .	4	2	2	4	—	4	—	4	—
Other congenital malformations .. .. .	3	1	2	3	—	3	—	3	—
Other diseases of foetus:—									
Erythroblastosis .. .. .	11	8	3	11	—	11	—	11	—
Maceration .. .. .	45	24	21	39	6	41	4	44	1
Other specified .. .. .	22	12	10	17	5	21	1	22	—
<b>Unspecified .. .. .</b>	<b>15</b>	<b>5</b>	<b>10</b>	<b>13</b>	<b>2</b>	<b>11</b>	<b>4</b>	<b>14</b>	<b>1</b>
<b>All causes .. .. .</b>	<b>222</b>	<b>118</b>	<b>104</b>	<b>193</b>	<b>29</b>	<b>206</b>	<b>16</b>	<b>217</b>	<b>5</b>

Stillbirths, perinatal deaths, neonatal deaths, post-neonatal deaths and infant death rate, 1947-1967

Year	Total live and stillbirths	STILLBIRTHS		PERINATAL DEATHS		NEONATAL DEATHS		POST-NEONATAL DEATHS		DEATHS UNDER 1 YEAR AND STILLBIRTHS		
		Number of stillbirths	Rate per 1,000 live and stillbirths	Number of perinatal deaths (stillbirths and deaths under 1 week)	Rate per 1,000 total live and stillbirths	Number of neonatal deaths, 0-4 weeks	Rate per 1,000 total live births	Number of post-neonatal deaths, 4 weeks-1 year	Rate per 1,000 total live births	Number of deaths under 1 year and stillbirths	Rate per 1,000 total live and stillbirths	Infant death rate per 1,000 live births
1947 .. ..	16,257	427	26.27	694	42.69	466	29.44	480	30.32	1,380	84.89	59.76
1948 .. ..	14,170	376	26.53	588	41.50	274	19.85	307	22.26	957	67.54	42.12
1949 .. ..	13,460	331	24.59	528	39.23	242	18.43	260	19.80	833	61.88	38.24
1950 .. ..	12,769	333	26.08	551	43.15	263	21.15	208	16.72	804	62.96	37.87
1951 .. ..	12,757	319	25.01	521	40.84	251	20.18	188	15.11	758	59.42	35.29
1952 .. ..	12,716	349	27.45	575	45.22	269	21.75	155	12.53	773	60.78	34.28
1953 .. ..	12,573	355	28.24	583	46.37	255	20.87	118	9.66	728	57.90	30.53
1954 .. ..	12,232	389	31.80	587	47.99	237	20.01	112	9.46	738	60.33	29.47
1955 .. ..	12,022	318	26.45	496	41.26	215	18.37	117	10.00	650	54.07	28.37
1956 .. ..	12,291	324	26.36	538	43.77	241	20.14	117	9.78	682	55.49	29.92
1957 .. ..	12,755	331	25.95	555	43.51	261	21.01	113	9.09	705	55.27	30.10
1958 .. ..	12,657	322	25.44	533	42.11	237	19.21	79	6.41	638	50.41	25.62
1959 .. ..	12,638	306	24.21	498	39.40	223	18.08	102	8.27	631	49.93	26.35
1960 .. ..	12,922	327	25.30	530	41.01	237	18.82	129	10.24	693	53.63	29.06
1961 .. ..	13,294	291	21.89	531	39.94	268	20.61	120	9.23	679	51.08	29.84
1962 .. ..	13,873	302	21.77	530	38.20	263	19.38	150	11.05	715	51.54	30.43
1963 .. ..	13,599	288	21.18	508	37.35	247	18.56	144	10.82	679	49.93	29.37
1964 .. ..	13,555	272	20.07	479	35.34	244	18.37	138	10.39	654	48.25	28.76
1965 .. ..	12,775	258	20.20	448	35.07	213	17.02	124	9.91	595	46.58	26.92
1966 .. ..	12,208	223	18.27	383	31.37	198	16.52	108	9.01	529	43.33	25.53
1967 .. ..	11,531	226	19.60	375	32.52	162	14.33	96	8.49	484	41.97	22.82

Abstract of Registrar General's Health Reports, 1911 to 1967.

YEAR	POPULATION	DEATH RATE			BIRTH RATE			INFANT DEATH RATE			ALL PUERPERAL CAUSES †			ALL FORMS OF TUBERCULOSIS			PULMONARY TUBERCULOSIS			TYPHOID AND PARATYPHOID FEVERS		
		Number of deaths	Per 1000 pop'n	England and Wales	Number of births	Per 1000 pop'n	England and Wales	Number of deaths	Per 1000 births	England and Wales	Number of deaths	Rate per 1000 births	England and Wales	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n
1911	716163	12281	17.15	14.6	18595	25.96	24.4	2908	156	130	72	3.87	3.87	—	1491	2.08	1837	1143	1.60	256	50	0.070
1921	744000	10111	13.59	12.1	17549	23.59	22.4	1713	98	83	64	3.65	3.91	2174	1230	1.65	1644	981	1.32	90	12	0.016
1931	772090	10645	13.79	21.3	12337	15.98	15.8	1049	85	66	40	3.09	3.94	1710	994	1.29	1229	861	1.12	27	4	0.005
1941	601840	10016	16.64	13.5	9849	16.36	13.9	832	84	60	26	2.53	2.80	1226	794	1.32	968	679	1.13	69	—	—
1945	623480	8985	14.41	12.6	11362	18.22	15.9	634	56	46	12	1.02	1.80	1113	577	0.93	913	496	0.80	9	1	0.001
1951	699900	9676	13.82	12.5	12438	17.77	15.4	439	35	30	19	1.49	0.76	816	357	0.51	711	318	0.45	15	—	—
1952	705400	8576	12.16	11.3	12367	17.53	15.3	424	34	28	9	0.71	0.67	813	293	0.41	717	269	0.38	19	—	—
1953	701800	8638	12.31	11.4	12218	17.41	15.4	373	31	27	10	0.80	0.71	835	216	0.31	742	198	0.28	2	—	—
1954	699000	8525	12.20	11.3	11843	16.94	15.1	349	29	25	6	0.49	0.65	779	209	0.30	672	188	0.27	1	—	—
1955	692200	8777	12.68	11.7	11704	16.91	15.0	332	28	25	9	0.75	0.59	739	144	0.21	662	130	0.19	2	—	—
1956	686200	8475	12.35	11.7	11967	17.44	15.6	358	30	24	3	0.24	0.52	648	114	0.17	592	101	0.15	16	—	—
1957	682000	8456	12.40	11.5	12424	18.22	16.1	374	30	23	8	0.63	0.45	651	109	0.16	597	97	0.14	8	—	—
1958	676900	8600	12.70	11.7	12335	18.22	16.4	316	26	23	8	0.63	0.43	594	79	0.12	527	69	0.10	9	—	—
1959	672300	8397	12.49	11.6	12332	18.34	16.5	325	26	22	12	0.95	0.38	515	87	0.13	476	80	0.12	14	—	—
1960	665590	8269	12.42	11.5	12595	18.92	17.1	366	29	22	5	0.38	0.39	425	83	0.12	390	81	0.12	6	—	—
1961	660300	8910	13.49	12.0	13003	19.69	17.4	388	30	21	3	0.23	0.33	421	56	0.08	382	51	0.08	29	—	—
1962	659170	8767	13.30	11.9	13571	20.56	18.0	413	30	22	7	0.50	0.35	428	78	0.12	392	70	0.11	2	—	—
1963	654670	8504	12.99	12.2	13311	20.33	18.2	391	29	21	3	0.22	0.22	345	59	0.09	310	50	0.08	2	—	—
1964	644500	7715	11.97	11.3	13283	20.61	18.4	382	29	20	7	0.52	0.25	354	58	0.09	313	54	0.08	3	—	—
1965	638360	7866	12.32	11.5	12517	19.61	18.1	337	27	19	6	0.47	0.25	357	47	0.07	308	45	0.07	23	—	—
1966	625250	7844	12.55	11.7	11985	19.17	17.7	306	26	19	4	0.33	0.26	314	45	0.07	277	42	0.07	3	—	—
1967	616520	7751	12.57	11.2	11305	18.34	17.2	258	22.8	18.3	1	0.09	0.20	292	44	0.07	265	42	0.07	5	—	—

† From 1931, rates for maternal mortality are based on live births.

YEAR	MEASLES			PNEUMONIA— ALL FORMS †			INFLUENZA		BRONCHITIS		MALIGNANT NEOPLASMS	VASCULAR LESIONS OF CENTRAL NERVOUS SYSTEM	HEART DISEASE	CONGENITAL MALFORMATIONS, EARLY INFANCY AND IMMATUREITY	VIOLENCE	
	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n
1911	—	337	0.47	—	1278	1.78	87	0.12	1074	1.30	772	1.08	965	1.34	465	0.65
1921	1135	4	0.01	1796	995	1.34	204	0.27	1038	1.40	953	1.28	1002	1.35	345	0.46
1931	7771	63	0.08	2485	981	1.27	337	0.44	826	1.07	1259	1.63	1738	2.25	397	0.51
1941	3869	20	0.03	1809	548	0.91	105	0.17	1034	1.72	1259	2.09	1883	3.13	717	1.19
1945	5596	8	0.01	857	365	0.59	44	0.07	984	1.58	1297	2.08	1824	2.93	307	0.49
1951	8953	1	0.00	709	412	0.59	257	0.37	1012	1.45	1507	2.15	2766	3.95	299	0.43
1952	10035	6	0.01	521	336	0.48	24	0.03	741	1.05	1536	2.18	2491	3.54	290	0.41
1953	6798	2	0.00	576	338	0.48	102	0.15	791	1.13	1519	2.16	2550	3.63	332	0.47
1954	9844	3	0.00	384	317	0.45	32	0.05	761	1.09	1568	2.24	2517	3.60	272	0.39
1955	6514	2	0.00	366	413	0.60	34	0.05	790	1.14	1580	2.28	2673	3.86	314	0.45
1956	2223	—	—	334	346	0.50	35	0.05	776	1.13	1531	2.23	2536	3.70	289	0.42
1957	11896	5	0.01	411	399	0.59	119	0.17	739	1.08	1507	2.21	2507	3.68	330	0.48
1958	3107	3	0.00	236	429	0.63	45	0.07	780	1.15	1480	2.19	2634	3.89	319	0.47
1959	7044	1	0.00	312	405	0.60	108	0.16	781	1.16	1531	2.28	2457	3.65	353	0.52
1960	4356	1	0.00	207	201	0.60	11	0.02	666	1.00	1624	2.44	2552	3.83	320	0.48
1961	6589	1	0.00	233	466	0.71	156	0.24	863	1.31	1602	2.43	2685	4.07	342	0.52
1962	2745	1	0.00	167	466	0.71	126	0.19	949	1.44	1597	2.42	2588	3.93	328	0.50
1963	6378	2	0.00	178	462	0.71	54	0.08	860	1.31	1619	2.47	2491	3.80	351	0.54
1964	4333	1	0.00	96	351	0.54	12	0.02	634	0.98	1559	2.42	2295	3.56	357	0.55
1965	4609	—	—	91	368	0.58	13	0.02	666	1.04	1618	2.53	2441	3.82	346	0.54
1966	3386	—	—	98	431	0.69	64	0.10	684	1.09	1555	2.49	2347	3.75	318	0.51
1967	3204	1	0.00	67	452	0.73	16	0.03	638	1.03	1604	2.60	2342	3.79	323	0.52

† Includes deaths from pneumonia of newborn

## Infectious Disease and Epidemiology

### Incidence of infectious disease

The incidence of infectious disease (excluding tuberculosis) in the City, compared with the previous year and average of ten years, is shown in the following table:—

Disease	1967	1966	10 year Average 1957-1966
Anthrax .. .. .	1	—	—
Diphtheria .. .. .	4	—	—
Dysentery (bacillary) .. .. .	506	435	530
Encephalitis (acute) .. .. .	5	3	2
Erysipelas .. .. .	18	13	19
Infective hepatitis (notifiable from 1st February, 1966)	472	311	339
Malaria .. .. .	—	—	—
Measles .. .. .	3,204	3,386	5,444
Meningococcal infection .. .. .	7	10	15
Ophthalmia neonatorum .. .. .	24	40	37
Pemphigus neonatorum .. .. .	—	—	1
Pneumonia (acute primary and influenzal) .. .. .	67	98	203
Poliomyelitis .. .. .	—	—	16
Puerperal pyrexia .. .. .	142	109	296
Rubella .. .. .	330	774	1,593
Scarlet fever .. .. .	162	272	383
Smallpox .. .. .	—	—	—
Typhoid/paratyphoid fever .. .. .	5	3	10
Whooping cough .. .. .	1,514	288	591

### Anthrax

One case of anthrax was notified. The patient died in hospital from septicæmia and anthrax bacilli were isolated from an axillary abscess. On investigation, it transpired that the patient had scratched his forearm on a rosethorn whilst applying bone meal fertilizer. Samples of the bone meal he was presumed to have used were examined at the Public Health Laboratory and were found to contain anthrax bacilli. Enquiries were made to ascertain the source of the bone meal and there was strong presumptive evidence that it came from a consignment imported from a foreign country.

Samples of other imported bone meal having been found to contain anthrax bacilli, the Medical Officer of Health, in his report to the Ministry of Health, reiterated the opinion that he had expressed in 1964, that anthrax infected bones and bone meal should not be imported if they could not be sterilized before distribution. The City Council instructed the Town Clerk to request the Ministry of Health to review the arrangements for the importation and distribution of bone meal.

### Diphtheria

Four confirmed cases of diphtheria were notified, all within the same family of Pakistanis. The father of the family had come to Manchester from Lahore in 1965, his eldest son had followed him in 1966 and his wife and three youngest children had arrived in October, 1967. The first patient was the father of the family and a diphtheria mitis strain organism, which proved to be virulent, was isolated from a throat swab. He was removed to Monsall Hospital and his wife and four children received injections of antitoxin and were actively immunized against diphtheria. Subsequently, diphtheria mitis strain organisms were isolated from nose and throat swabs of three of the patient's children and they too were admitted to Monsall Hospital. The patient's wife and another child remained free from infection. Nose and throat swabs were taken at regular intervals from the immediate non-family contacts and all proved negative. The father and three children recovered completely.

Dysentery

The number of cases notified or otherwise ascertained was 506, compared with 435 in 1966; 224 of these were confirmed bacteriologically, *Shigella sonnei* being identified as the causal agent in 203 cases and *Shigella flexneri* in 21 cases. There were outbreaks due to *Shigella sonnei* at a day nursery and a mental health training centre and an outbreak due to *Shigella flexneri* at another day nursery.

Acute encephalitis (infective—post infectious)

Two persons died in the City from this disease. A woman, aged 26 years, died of encephalitis lethargica and a one year old child died of viral encephalitis. A third Manchester resident was reported by the Registrar General to have died of viral meningo-encephalitis in a hospital outside the City.

Food poisoning

The following table summarizes the numbers of outbreaks and separate cases which occurred in the year.

	Outbreaks		No. of separate cases
	No. of outbreaks	No. of cases involved	
Causative organism identified	8	54	31
Causative organism not identified	9	91	16
Totals	17	<div>145</div> <div>192</div>	<div>47</div>

The organisms identified as responsible for most of the cases of food poisoning were *Clostridium welchii* (isolated in 41 cases) and *Salmonella typhimurium* (isolated in 28 cases). The largest outbreak was at a restaurant serving several hundred meals daily. Sixty-five people were affected and, on investigation, *Salmonella typhimurium* was traced in several of the catering staff and a small proportion of the food and working surfaces in the kitchen. Another outbreak, due to *Clostridium welchii*, affected 33 of 100 guests at a wedding reception, where cold meats had been set out some hours before the meal. *Salmonella virchow* caused a small outbreak at a residential nursery but it was not possible to trace the source of infection.

Infective hepatitis

Infective hepatitis was first made notifiable in Manchester on 1st February, 1966, for an initial period of three years; 1967 was therefore the first complete year in which the disease was notifiable. There were 515 notifications received of which, after investigation, 460 were accepted as being infective hepatitis, the remainder being considered pyrexia, with or without jaundice, due to other causes. This is 149 more than the 311 accepted notifications in the eleven months of 1966, but it is not known whether this increase is due to a higher incidence of the disease or to general practitioners now being more accustomed to notifying cases.

The number of accepted notifications received in each month is as follows:—

Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
31	34	48	43	61	44	24	34	40	48	75	33

The following table shows an analysis of the accepted notifications by age and sex:—

	Age groups							Totals
	0-4 years	5-9 years	10-14 years	15-24 years	25-44 years	45-64 years	65+ years	
Males . . . .	14	103	35	30	26	5	—	213
Females . . .	20	100	51	39	22	9	6	247
Totals	34	203	86	69	48	14	6	460

Nearly half of the cases occurred in children during the first years of school life, both sexes being almost equally affected.

The department continued to co-operate with the Public Health Laboratory Service in their investigation into the disease, reports being made on each case in children of school age and on each school or other institution where cases occurred.

### **Influenza**

An outbreak of influenza occurred in the City in December. There had been an outbreak in Liverpool in late November and the Public Health Laboratory, Manchester, isolated their first strain, type Asian A.2, from a specimen received from Tyldesley on 28th November. The first strain isolated in the City was in the Chorlton-on-Medlock district on 7th December. This was also an Asian A.2. strain, which was subsequently isolated in several areas in the City. The infection declined in the New Year and the last strain was isolated in Manchester on 13th January, 1968.

### **Measles**

The incidence of measles (3,204 cases) was again below average. The number of cases notified each week decreased steadily, from over 150 in January to less than 10 at the end of the year.

### **Meningococcal infection**

Seven cases of meningococcal infection occurred, four of them in children under two years of age. One girl aged one year and one woman aged 68 years died of the disease. In the preceding year there were ten cases with three deaths.

### **Pneumonia**

Sixty-seven cases of pneumonia were notified, 66 being primary cases and one being influenzal pneumonia.

### **Poliomyelitis**

For the fifth year in succession no case of poliomyelitis was notified.

### **Acute rheumatism**

Four cases were notified under the Acute Rheumatism Regulations, 1959. Two of these cases were classified as rheumatic heart disease (active) and two as rheumatic pains or arthritis without heart disease. Three cases were removed from the register during the year, leaving forty-one cases still under investigation.

## **Rubella (German measles)**

The number of cases of rubella (330) again fell, the incidence of the disease being the lowest recorded in the past ten years.

## **Scarlet fever**

One hundred and sixty-two cases were notified, fewer than in any of the preceding ten years.

## **Smallpox**

No case of smallpox occurred in the City.

## **Typhoid and paratyphoid fever**

Five cases of typhoid fever were notified, three among members of the same family.

In April, a 40-year-old British National was admitted to Monsall Hospital suffering from "gastro-enteritis". Bacteriological tests carried out the same day revealed the presence of typhoid organisms in blood and faeces; these were later identified as Vi phage type A. The man lived alone in one room of a house in multiple occupation, which was found to be in an extremely dirty and insanitary condition. He had been unemployed for two years and had spent much of each day in a local cafe. Arrangements were made for the house to be cleansed and disinfected and for blood and faeces specimens to be obtained from the persons living in the house and at the cafe. All specimens were subsequently found to be negative. Another man living in the same district was a known typhoid carrier of the same phage type organism but extensive investigation failed to establish any link between case and carrier. The patient was eventually discharged as recovered.

The youngest child of an Indian family, a boy aged four, was taken ill and admitted to Pendlebury Children's Hospital. Typhoid fever was diagnosed clinically and confirmed by Widal blood test and the boy was transferred to Monsall Hospital. The family consisted of the father, who had been in England since 1958, mother and four elder children who had come to England in 1963, and the patient himself who was born in England. Other close contacts were the patient's grandparents and uncle, who had come to England only two months earlier and who visited him fairly frequently. Blood and faeces specimens from the family and other contacts were tested bacteriologically and typhoid organisms, later identified as degraded Vi strains, were isolated from the faeces of the mother and one of the children. The mother and child were not ill but were admitted to Monsall Hospital as carriers. Further investigations revealed approximately 40 persons belonging to different branches of the family and all meeting each other regularly while living at six different addresses in the City. All these persons were eventually traced and faeces specimens obtained subsequently were negative. One child among these family contacts, who developed fever and vomiting, was admitted to Monsall Hospital as a precautionary measure, but was not found to have typhoid fever and was discharged within a few days. The mother of the four year old child typhoid case proved to be a typhoid carrier and it was from her that the infection had presumably originated. She was treated with antibiotics in an attempt to clear up her carrier state and was discharged from hospital under health department surveillance; this was still continuing at the end of the year.

A typhoid organism, identified as Vi phage type F.1., was isolated from the faeces of an Indian woman, a patient in Withington Hospital. She had arrived in England from Calcutta seven weeks previously and had apparently suffered from typhoid fever in India shortly before her departure. She was considered to be suffering from a relapse of the typhoid fever and was transferred to Monsall Hospital. All contacts in Withington Hospital were traced and those who were Manchester residents were kept under surveillance by the health department. Contacts discharged to addresses outside Manchester were notified to the Medical Officers of Health of the areas concerned. The patient lived with her husband in a house shared with another Indian family. Blood and faeces specimens from these household contacts submitted to the Public Health Laboratory all proved negative. Investigation disclosed that the father of the family sharing the patients' house was employed at a food preparation factory and he was, therefore, suspended from his work until sufficient negative blood, faeces and urine specimens had been obtained.

### **Whooping cough**

The number of notifications of whooping cough increased to 1,514 compared with 288 in 1966. This large increase in notifications was due partly to a minor outbreak, which occurred between July and September, and partly to the co-operation received from general practitioners in notifying all suspected cases for the purpose of a nation wide investigation into the incidence of whooping cough and the efficacy of existing pertussis vaccine. This investigation, which is being carried out by the Public Health Laboratory Service, with the co-operation of many health departments, was due to end on 31st October, 1967. However, the Public Health Laboratory Service requested a continuation of the investigation for a further six months and this was arranged. During 1967, in Manchester, strains of whooping cough organisms were isolated from 435 pernasal swabs out of the 1,542 taken; virus agents were isolated from 9 out of 56 swabs.

### **Consultations**

Medical officers of the department were actively engaged in the investigation of many of the cases noted. Requests for consultation were received from hospitals, general practitioners and nurseries. Technical help was readily available from the staff of the Public Health Laboratory, Manchester, and a large amount of work was carried out by this laboratory as part of the investigations into the cases of typhoid, diphtheria, dysentery and food poisoning referred to elsewhere in this report. Co-operation between the Public Health Laboratory and the Health Department undoubtedly restricted the spread of pathogenic organisms in the City.

### **Immunization and vaccination**

1967 was the first year in which the Corporation's Leo III computer was used in the preparation of the immunization and vaccination programme. Each child's date of birth and the immunization procedure for which the parents have consented are recorded by the computer; from this information the computer subsequently issues, at the appropriate intervals of time, appointment cards reminding the parents to take the child for immunization to the clinic of their choice.

If an appointment is not kept, the computer will prepare another appointment and eventually, if three appointments are not kept, will name the child on a list of non-attenders so that the child's parents may be visited. In this way it is hoped to prevent children from failing to complete their courses. Every immunization procedure a child receives is recorded by the computer so that a complete record is built up of each child's immunization history.

This system, introduced for all children born during 1967, appears to have been successful in increasing the number of children immunized, as is shown in the following table:—

<i>Immunization procedure</i>	<i>Number immunized in year</i>	
	1967	1966
Smallpox (children under 1 year of age)	6,728	4,544
Triple antigen (children born in the year)	2,969	1,844
Poliomyelitis (children born in the year)	2,882	1,771

**Smallpox vaccination**

The number of children between the ages of one and 15 years who were successfully vaccinated was less than in 1966, but the number under one year of age was considerably more, probably due to the effect of the computer appointments system. The accompanying tables show the number of persons vaccinated, classified by age groups and vaccination centres and compared with previous years.

Successful smallpox vaccination of children  
By age group and vaccination centre

	Vaccination centre	Age group (years)				
		0—	1—	2—4	5—15	Totals
Primary vaccinations	Child welfare centres and day nurseries ..	5,779	467	383	15	6,644
	Schools and school clinics .. .. .	—	—	2	16	18
	Mobile immunization unit .. .. .	493	432	544	18	1,487
	General practitioners .. .. .	444	298	121	52	915
	Hospitals .. .. .	12	74	6	2	94
	Totals .. .. .	6,728	1,271	1,056	103	9,158
Revaccinations	Child welfare centres and day nurseries ..	—	—	11	2	13
	Schools and school clinics .. .. .	—	—	—	2	2
	Mobile immunization unit .. .. .	—	—	—	—	—
	General practitioners .. .. .	—	6	21	76	103
	Hospitals .. .. .	—	—	—	—	—
	Totals .. .. .	—	6	32	80	118

**Ten-year record of successful primary smallpox vaccination**

Year	Number of persons vaccinated at age					Number of live births	Number vaccinated under 1 year of age as percentage of live births
	under 1 year	1—4 years	5—14 years	15 years and over	Totals		
1958 .. ..	6,554	559	137	291	7,541	12,335	53·13
1959 .. ..	4,222	496	85	269	5,072	12,332	34·24
1960 .. ..	2,885	674	92	211	3,862	12,595	22·90
1961 .. ..	2,740	1,289	105	269	4,403	13,003	21·07
1962 .. ..	8,319	7,136	17,372	10,878	43,705	13,571	61·30
1963 .. ..	3,072	638	57	238	4,005	13,311	23·08
1964 .. ..	3,624	1,337	76	279	5,316	13,283	27·28
			5—15 years				
1965 .. ..	4,242	2,321		117	6,680	12,517	38·89
1966 .. ..	4,544	2,670		190	7,404	11,985	37·91
1967 .. ..	6,728	2,327		103	9,158	11,305	59·51

There were no deaths from complications of vaccination and only one confirmed case of generalised vaccinia. This was in a girl aged 2 years, who developed a generalised vesicular eruption, but was not otherwise ill.

### **Diphtheria, whooping cough and tetanus immunization**

These immunizations are usually given in combination, children under school age receiving triple vaccine, containing diphtheria, whooping cough and tetanus antigens, and school children receiving combined diphtheria-tetanus vaccine. Single vaccines are now rarely used, except where tetanus vaccine is administered alone for a specific need.

The accompanying tables give details of primary and reinforcing immunizations, showing the antigens used and the number of persons immunized.

As with smallpox vaccination, the number of children born in the year who were immunized was greater than in 1966.

	Numbers of immunizations with each type of antigen							Numbers of persons immunized		
	Diphtheria, whooping cough, tetanus and poliomyelitis combined	Diphtheria whooping cough and tetanus combined	Diphtheria and tetanus combined	Diphtheria	Whooping cough	Tetanus	Total immunizations	With diphtheria antigen (singly or in combination)	With whooping cough antigen (singly or in combination)	With tetanus antigen (singly or in combination)
Immunization centre										
Child welfare centres . . . .	—	5,555	115	—	2	62	5,734	5,670	5,557	5,732
Day nurseries . . . .	—	104	8	—	—	—	112	112	104	112
Schools and school clinics . . . .	—	—	1,788	1	—	23	1,812	1,789	—	1,811
Town Hall . . . .	—	—	—	—	—	—	—	—	—	—
Mobile immunization unit . . . .	—	1,654	159	—	—	—	1,813	1,813	1,654	1,813
General practitioners . . . .	3	1,105	35	8	8	21	1,180	1,151	1,116	1,164
Hospitals . . . .	2	249	7	—	—	1	259	258	251	259
Total number of persons immunized in Manchester . .	5	8,667	2,112	9	10	107	10,910	10,793	8,682	10,891
Persons from other authorities immunized in Manchester . .	—	81	62	—	1	2	146	143	82	145
Total number of Manchester persons immunized	5	8,586	2,050	9	9	105	10,764	10,650	8,600	10,746

# Reinforcing course

Immunization centre	Numbers of immunizations with each type of antigen							Numbers of persons immunized		
	Diphtheria, whooping cough, tetanus and poliomyelitis combined	Diphtheria, whooping cough and tetanus combined	Diphtheria and tetanus combined	Diphtheria alone	Whooping cough	Tetanus	Total immunizations	With diphtheria antigen (singly or in combination)	With whooping cough antigen (singly or in combination)	With Tetanus antigen (singly or in combination)
Child welfare centres . . . . .	—	3,216	67	1	—	2	3,286	3,284	3,216	3,285
Day nurseries . . . . .	—	111	5	—	—	—	116	116	111	116
Schools and school clinics . . . . .	—	—	4,795	12	—	19	4,826	4,807	—	4,814
Town hall . . . . .	—	—	1	—	—	—	1	1	—	1
Mobile immunization unit . . . . .	—	643	122	—	—	—	765	765	643	765
General practitioners . . . . .	—	426	94	3	—	40	563	523	426	560
Hospitals . . . . .	—	23	13	—	—	—	36	36	23	36
Total number of persons immunized in Manchester . . . . .	—	4,419	5,097	16	—	61	9,593	9,532	4,419	9,577
Persons from other authorities immunized in Manchester . . . . .	—	20	195	—	—	2	217	215	20	217
Total number of Manchester persons immunized . . . . .	—	4,399	4,902	16	—	59	9,376	9,317	4,399	9,360

# Combined primary/reinforcing course

Child welfare centres, mobile immunization unit and Town hall..	—	—	—	—	—	—	—	(a) —	—	(b) —	(c) —
Schools and school clinics .. ..	—	—	—	—	—	—	—	1,664	—	1,657	7
Total number of persons immunized in Manchester .. ..	—	—	—	—	—	—	—	1,664	—	1,657	7
Persons from other authorities immunized in Manchester .. ..	—	—	—	—	—	—	—	61	—	61	—
Total number of Manchester persons immunized .. ..	—	—	—	—	—	—	—	1,603	—	1,596	7

**Diphtheria immunization**  
**Numbers of Manchester persons, in age groups, given primary courses of injections**

Year of birth	Year of immunization													Totals	Totals in age groups			
	1928 to 1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964			1965	1966	1967
1967	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,032	Total aged under 5 years at end of 1967 —32,389	3,032
1966	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,872	3,930		
1965	—	—	—	—	—	—	—	—	—	—	—	—	—	2,270	3,996	1,014		
1964	—	—	—	—	—	—	—	—	—	—	—	2,261	4,194	944	462	303		
1963	—	—	—	—	—	—	—	—	—	—	2,300	4,002	776	499	343	288		
1962	—	—	—	—	—	—	—	—	—	—	2,546	4,083	515	331	281	341	Total aged 5-9 years at end of 1967 —45,954	9,215
1961	—	—	—	—	—	—	—	—	2,194	5,357	425	188	197	426	401	256		
1960	—	—	—	—	—	—	—	—	4,395	1,325	294	143	273	814	302	215		
1959	—	—	—	—	—	—	—	1,959	1,362	936	180	287	435	822	270	161		
1958	—	—	—	—	—	—	728	3,940	620	690	268	557	372	606	240	148		
1957	—	—	—	—	—	737	4,519	1,128	588	620	392	484	282	488	175	112	Total aged 10-14 years at end of 1967 —51,700	9,885
1956	—	—	—	—	742	4,702	1,077	478	498	726	282	393	246	356	124	118		
1955	—	—	—	753	4,542	1,503	476	279	700	532	259	322	186	245	172	97		
1954	—	—	582	4,882	1,163	470	290	346	549	447	218	282	189	89	210	81		
1953	—	498	5,063	1,817	383	315	355	637	549	447	218	282	189	89	210	81		
Pre 1953	243,653	10,768	4,580	5,667	2,701	2,467	3,543	2,820	2,273	1,942	793	821	407	231	374	66	283,106	
Totals ..	243,653	11,266	10,225	13,119	9,531	10,194	10,988	11,587	13,179	15,923	9,740	10,294	10,149	12,309	10,342	10,650	413,149	

The totals at the end of 1967 indicate only approximately the immune population, as no account is taken in the table of deaths or removals of immunized children.

## Poliomyelitis immunization

Routine immunization of infants and school children continued. As no case of poliomyelitis occurred in the City, there was no demand for emergency immunizations.

Details of immunizations given are shown in the accompanying tables. Again, the proportion of children born in the year who were immunized was higher than in 1966.

**Poliomyelitis immunization  
Numbers of persons immunized**

Immunization centre	Primary Course		Reinforcing Course	
	Salk vaccine	Oral vaccine	Salk vaccine	Oral vaccine
Child welfare centres .. ..	39	6,228	1	3,421
Day nurseries .. ..	—	100	1	74
Schools and school clinics .. ..	—	1,718	—	5,115
Town Hall .. ..	—	7	—	2
Mobile immunization unit .. ..	—	1,876	—	617
General practitioners .. ..	22*	915	10	204
Hospitals .. ..	2*	256	—	25
Totals .. ..	63	11,100	12	9,458
	11,163		9,470	

\* including quadruple vaccine.

**Numbers of children immunized against poliomyelitis during 1967  
classified by year of birth**

Year of birth	Primary course		Reinforcing course	
	Salk vaccine	Oral vaccine	Salk vaccine	Oral vaccine
1967 .. ..	—	2,893	—	—
1966 .. ..	33	4,157	3	1,041
1965 .. ..	18	1,103	6	2,326
1964 .. ..	1	626	2	594
1963 .. ..	2	409	1	651
total 1963–1967 born .. ..	54	9,188	12	4,612
Total 1953–1962 born .. ..	—	1,754	—	4,643
Total 1953–1967 born .. ..	54	10,942	12	9,255
	10,996		9,267	

Mobile immunization unit

The mobile immunization unit continued to be used for the immunization and vaccination of persons who could not conveniently attend clinics.

A summary of the work done, compared with the previous year's work, is shown in the accompanying table.

Work of the mobile immunization unit, 1967

Nature of immunization	Number of persons immunized					
	1967			1966		
	Complete primary course	Reinforcing course	Totals	Complete primary course	Reinforcing course	Totals
Smallpox .. .. .	1,542	—	1,542	1,135	—	1,135
Diphtheria, whooping cough and tetanus .. ..	1,654	643	2,297	1,355	562	1,917
Diphtheria and tetanus ..	159	121	280	136	141	277
Whooping cough .. ..	—	—	—	—	—	—
Tetanus .. .. .	—	—	—	—	—	—
Poliomyelitis.. .. .	1,876	617	2,493	1,467	429	1,896
Totals .. .. .	5,231	1,381	6,612	4,093	1,132	5,225

B.C.G. vaccination

The arrangements for the vaccination of child contacts of tuberculosis, school children, newly arrived immigrant children and certain hospital staff, continued. Sessions were held at the Manchester chest clinic and in schools. The numbers of persons vaccinated were as follows:—

Type of action	Contact scheme			School children and students (School health service)
	Health department	School health service	Totals	
No. skin tested .. ..	1,006	777	1,783	4,893
No. found positive ..	324	477	801	524
No. found negative ..	629	251	880	3,109
No. vaccinated .. ..	767	—	767	3,106

In addition, 591 conversion Heaf tests were carried out at the chest clinic sessions. In schools, whenever a case of tuberculosis was suspected, a special survey was undertaken.

Under the arrangements whereby newly arrived immigrants, under 21 years of age, are given appointments to attend the chest clinic sessions, a total of 320 attended for a Heaf test. Of these, 126 were negative and were given B.C.G. vaccination; 189 persons who showed a positive reaction were referred for X-ray and some of these were stated to have received B.C.G. vaccination before arriving in this country. Six persons failed to return for the result of their Heaf test to be read.

## Yellow fever immunization

Regular sessions were held each Tuesday and Thursday in the Health Department Clinic and special arrangements were also made for the immunization of persons unable to attend these sessions, including the crews of two ships.

The following table gives details of the yellow fever immunizations carried out:—

Class of person	Adults		Children	Totals
	Males	Females		
Manchester residents .. ..	118	104	65	287
Non-Manchester residents .. ..	864	459	244	1,567
H.M. Forces and families .. ..	15	5	3	23
Totals .. ..	997	568	312	1,877

## International vaccination certificates

In addition to the 1,877 yellow fever vaccination certificates issued by the Health Department, 7,920 smallpox and cholera vaccination certificates issued by medical practitioners were authenticated in accordance with the International Sanitary Regulations.

## Dry sterilization unit

Syringes were supplied for the services listed in the following table. The number of 2cc and 5cc syringes supplied was considerably less than in 1966, due to the Home Nursing Service use of disposable syringes after 30th October, 1967, for the greater convenience of the nurses. Because of the reduction in demand which will result from this change, two of the part-time staff at the unit have been relinquished.

Work of the dry sterilization unit, 1967

Purpose	Number and sizes of syringes issued				Other equipment sterilized	Totals
	1cc	2cc	5cc	10cc		
Immunization .. .. .	35,837	—	—	207	208	36,252
Ante-natal blood tests .. ..	—	—	—	6,299	—	6,299
Home nursing .. .. .	28,464	48,506	4,176	506	—	81,652
Midwifery .. .. .	—	—	622	—	—	622
Blood tests at remand homes ..	—	—	201	—	—	201
Totals .. ..	64,301	48,506	4,999	7,012	208	125,026
Year 1966 totals for comparison	67,331	69,960	8,128	8,894	204	154,517

## Venereal Diseases

*I am indebted to Dr. Leslie Watt, consultant venereologist and physician-in-charge St. Luke's Clinic for the following report:—*

In 1913, public concern regarding the incidence of venereal disease in the community was such that a Royal Commission was set up and produced a very detailed report in 1916. The findings of the Commission indicated so serious a situation that the Government issued in July, 1916, the Public Health (Venereal Diseases) Regulations which incorporated almost all the recommendations in the report.

Briefly, the local authorities were charged with the establishment of convenient, free and confidential treatment for all patients suffering from venereal disease, this treatment to be conducted by suitably qualified practitioners in special clinics, backed by an efficient laboratory service. In addition, any medical practitioner practising in the area could, at the expense of the Council, obtain pathological reports on any specimen from a patient suffering from venereal disease and if necessary, drugs for the treatment of any such patient. Treatment of venereal disease by unqualified persons or advertisement of cures for venereal disease were made punishable offences. Some 75 per cent of the cost of this scheme was to be borne by government funds, the rest by the local authority. Apart from the practical aspect of diagnosis and treatment of venereal disease, local authorities were charged with making available information regarding venereal disease by means of propaganda and lectures to the general public.

In Manchester, the enlightened and far-seeing Medical Officer of Health, Dr. James Niven, lost no time in preparing a scheme along the lines suggested and this was adopted by the Council in April, 1917. Treatment of venereal disease was already being undertaken in various hospitals in the City and official clinics under the scheme were opened in July, 1917, at Ancoats Hospital, the Hospital for Skin Diseases and the Lock Hospital (St. Luke's Clinic) which had virtually entered its centenary year of treatment of venereal disease. Later in 1917, treatment centres were established under the scheme at Manchester Royal Infirmary and St. Mary's Hospital.

Many changes have of course taken place in the past fifty years but Dr. Niven, in a most comprehensive appreciation of the situation in his annual report for 1917, foresaw with astonishing clarity, many of the difficulties which would be encountered in running a venereal disease service. Among other things he noted that secrecy would be very difficult to maintain (p.34) but that in spite of this there seemed to be an increasing tendency for cases to apply for treatment "and it is only a question of time and energy (when) no doubt the barrier, whatever its real nature be, will disappear, at least in part". He was well aware that the reservoir of infection was in the asymptomatic female and "in my view all women suffering from an abnormal vaginal discharge should obtain medical treatment and medical men should press this fundamental need on their patients" (p.34). Some of the difficulties he outlines still exist today.

Responsibility for treatment of venereal disease was transferred from the local authorities to the National Health Service in 1948 and in the interim vast improvements in therapy had taken place. The improvement in therapy has, however, failed to live up to its early promise in the control of venereal disease.

Since the basic behavioural problems remain, or may even be increasing because of the stresses engendered in a rapidly changing society, it is becoming increasingly apparent that in the present state of our knowledge, control of venereal disease by purely medical measures has virtually reached its limit. Intensification of contact tracing may help a little but progress in this direction

must inevitably be limited by the willingness or indeed ability of infected patients to co-operate. A worrying feature of the situation is that very few doctors are entering the speciality of venereology and even now the service in some parts of the country is beginning to show signs of strain. The speciality of venereology has not the drama or glamour of—say organ transplant surgery, but with a minimum of expenditure and working often under considerable difficulty, it has quietly got on with the job. Perhaps it should be publicised more fully that a contact of early syphilis, traced and treated *now*, with a few shillingworth of antibiotics, can possibly in fifteen years' time make unnecessary certain expensive and complicated heart operations.

An efficient venereal disease service depends probably more than most medical services on close integration of the facilities offered by the National Health Service and those offered by the local authority. Further progress would seem possible in the sociological and educational fields. Studies by sociologists and psychologists may provide some clues as to the particular groups at risk and the underlying reasons for taking these risks, especially among the hard core who acquire multiple venereal infections during a particular period of their lives, or indeed over a large part of their lives. Such people provide a considerable proportion of the clientele of any venereal disease clinic and approximately 10 per cent of infections in the male and 4 per cent of infections in the female are repeat infections *within the same year*.

Increasing emphasis on health education to include education on sex and information regarding venereal disease may play a part, but mere knowledge of the signs and symptoms of venereal disease will not by itself prevent the acquisition of such disease. Perhaps the biggest single advance which could be made in the educational field is a change in the public attitude towards venereal disease and banishment of all the folklore which clouds that attitude and instills unnecessary fear. This will take time since so many traditional barriers must be demolished, but the change in public attitude towards psychiatric illness during the past twenty years surely points a way.

### **Venereal disease service**

St. Luke's Clinic, which for the past decade has been under the shadow of demolition because of redevelopment of the area, continues to deal with the bulk of patients in the conurbation and will apparently do so for some years yet. Considerable modernisation of equipment has taken place in 1967 and long overdue structural alterations have been made to the male treatment room, which had remained (with minor modifications) the original douche room mentioned by Dr. Niven in his Annual Report for 1917 (p.36). The equipment in the clinic in the Manchester Royal Infirmary has also been modernised and structural alterations made "within the limits imposed by its situation" which have improved the general layout. Because of the difficulties inherent in persuading patients with venereal disease to remain under observation there is a very valid case for making venereal disease clinics at least as attractive structurally as clinics for other specialities. In this day and age there is no place for the ill-lit dingy basements and ramshackle old buildings, which for so long have been the traditional sites for clinics dealing with venereal disease. The small clinic in Hope Hospital continues to provide facilities for patients who find it more convenient to attend there.

After consultation with interested parties, the Seamen's Clinic was closed in November, 1967. This clinic opened in 1953, and dealing only with seamen had become, over the years, an uneconomic proposition—wasteful of medical and nursing staff. By redeployment of this staff, two additional afternoon sessions for both males and females have been opened at St. Luke's Clinic. Seamen are now seen at any of the clinic sessions at St. Luke's Clinic.

Incidence of venereal disease

Table A shows the number of patients treated in the venereal disease clinics in Manchester during 1967. It must be stressed that the statistics produced by venereal disease clinics refer to infections and not to individuals, some of whom may have more than one condition simultaneously or may have acquired multiple reinfections within the year under review. A true incidence of infection in the population is impossible and only trends can be indicated. For comparison the figures for 1966 are included in brackets. Table B shows the area of residence of new patients attending the clinics in 1966; it excludes patients attending the Seamen's Clinic.

TABLE A  
Summary of new patients and attendances in Manchester clinics, 1967  
(1966 totals in brackets)

New cases	Male	Female	Total
Early syphilis .. ..	30 (9)	5 (5)	35 (14)
Late syphilis .. ..	31 (33)	21 (22)	52 (55)
Congenital syphilis ..	5 (9)	15 (18)	20 (27)
Gonorrhoea .. ..	1,830 (1,781)	673 (573)	2,503 (2,354)
Other conditions .. ..	2,940 (2,681)	1,027 (971)	3,967 (3,652)
Total new cases ..	4,836 (4,513)	1,741 (1,589)	6,577 (6,102)
Total attendances ..	15,366 (15,248)	5,125 (4,628)	20,491 (19,876)

TABLE B  
Areas of residence of new patients (excluding Seamen's Dispensary), 1967  
(1966 totals in brackets)

	Manchester	Salford	Lancashire	Cheshire	Other areas
St. Luke's Clinic	3,286 (3,045)	653 (587)	845 (871)	386 (388)	128 (117)
M.R.I. Clinic ..	976 (929)	21 (29)	67 (68)	124 (69)	13 (4)
Totals .. ..	4,262 (3,974)	674 (616)	912 (939)	510 (457)	141 (121)

Acquired syphilis

The number of patients with early infectious syphilis seen in the Manchester clinics during the past twenty years is shown in Table C. The peak post-war incidence of early infectious syphilis in Manchester occurred in 1946 when a total of 1,458 patients (896 males and 562 females) was treated. In the past decade the numbers have remained at a low level with sporadic outbreaks often confined to particular groups in the population.

Thirty males were treated for early syphilis in 1967. The locality of infection was known in 23 cases and was stated as Manchester in 8, elsewhere in Lancashire in 5, in London in 4, in other parts of Britain in 2 and abroad in 4. All were over the age of 24 years except for 3 passive homosexuals who were under the age of 20. A feature in 1967 has been the incidence of early syphilis in homosexuals. In addition to the 3 passive homosexuals, 13 other male patients with early syphilis were admitted homosexuals and thus 16 (53 per cent) cases of early syphilis seen in 1967 were known to be homosexually transmitted. It is possible that the actual number of homosexual infections was higher, since not all homosexuals will acknowledge their mode of infection.

All the 5 women treated for early syphilis in 1967 were over the age of 20 years and all were infected in the Manchester conurbation.

These figures do not indicate that early syphilis at present is a major problem but the high proportion of homosexually acquired infection is worthy of note. This is a nation-wide phenomenon. The relatively small number of homosexuals, their inherent tendency towards promiscuity and the casual nature of most of their relationships are basic factors which for the homosexual increase the risk of venereal disease.

The number of patients with late non-infectious syphilis continues to decline and in Manchester, deaths from syphilitic disease have been less than twenty per annum for the past decade.

TABLE C  
Early acquired syphilis in Manchester clinics,\* 1967

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1948 ..	620	357	977	1958 ..	9	2	11
1949 ..	443	255	698	1959 ..	10	3	13
1950 ..	257	161	418	1960 ..	12	6	18
1951 ..	117	66	183	1961 ..	22	3	25
1952 ..	43	24	67	1962 ..	16	5	21
1953 ..	20	13	33	1963 ..	23	9	32
1954 ..	24	15	39	1964 ..	13	3	16
1955 ..	21	12	33	1965 ..	31	16	47
1956 ..	7	4	11	1966 ..	9	5	14
1957 ..	2	1	3	1967 ..	30	5	35

\*Highest number of infections diagnosed in 1946-896 males and 562 females, a total of 1,458.

### Congenital syphilis

No case of infantile congenital syphilis was seen in the clinics in Manchester in 1967, nor was any congenital syphilitic under the age of 15 years.

### Gonorrhoea

Table D shows the number of gonococcal infections treated in the Manchester clinics during the past twenty years. The figures represent gonococcal infections, not individuals. Of the 1,830 infections treated in 1967 in males, 191 (10 per cent) were repeat infections in individuals known to have been treated in the clinics in Manchester during the year. The figure represents known reinfections treated within the year within the individual clinics and is undoubtedly too low since an unknown number of patients move from clinic to clinic within or beyond the area. Of the 673 infections treated in 1967 in females 26 (4 per cent) were repeat infections during the same year. These represent known reinfections and not relapse of previously treated disease.

No marked change in the overall incidence of gonorrhoea in Manchester is indicated by the figures and a plateau seems to have been formed over the past few years. This plateau is at too high a level but some encouragement may be drawn from the slowly increasing number of infections treated in females. Each year sees an increase in the actual and relative number of females coming to the clinics for advice and treatment. The reservoir of infection is undoubtedly in often unwittingly infected females and each extra female treated thus represents some progress in reducing this reservoir. The number of infections treated in males in 1967 has increased by 49 (2.7 per cent) whereas the number of infections treated in females has increased by 100 (17.4 per cent) and the male:female ratio has for the second consecutive year been reduced (2.7:1 compared with 3.1:1 in 1966 and 3.3:1 in 1965).

TABLE D  
Gonorrhoea in Manchester clinics,\* 1967

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1948 ..	2,080	368	2,448	1958 ..	1,765	455	2,220
1949 ..	1,644	361	2,005	1959 ..	1,739	507	2,246
1950 ..	1,278	242	1,520	1960 ..	1,535	496	2,031
1951 ..	1,266	248	1,514	1961 ..	1,925	574	2,499
1952 ..	1,475	444	1,919	1962 ..	1,947	555	2,502
1953 ..	1,214	348	1,562	1963 ..	1,831	569	2,400
1954 ..	1,175	314	1,489	1964 ..	1,899	573	2,472
1955 ..	1,345	365	1,710	1965 ..	1,547	464	2,011
1956 ..	1,283	343	1,626	1966 ..	1,781	573	2,354
1957 ..	1,557	393	1,950	1967 ..	1,830	673	2,503

\*Highest number of infections diagnosed in 1946-2,854 males and 693 females, a total of 3,547.

### Venereal disease in young people

No female under the age of twenty was treated for early syphilis in 1967. Three passive homosexual males were treated for early syphilis, one aged 17 years and two aged 18 years.

Of the 1,830 males treated for gonorrhoea, 164 (9 per cent) were under the age of twenty years, compared with 158 (8 per cent) of the 1,781 treated in 1966. Table E shows the age groups of females treated for gonorrhoea during the past five years and as in previous years an absolute and relative increase has occurred in 1967 in the under-20 age group who number 187 (28 per cent) of the 673 females treated.

A feature worth while noting is that the actual number of young people under twenty years treated for gonorrhoea in 1967 was 164 males and 187 females (ratio 1:1.2) and in 1966 was 158 and 153 respectively (ratio 1:1). This compares with 1,666 males and 520 females in the older age groups (ratio 3.2:1) treated in 1967 and 1,623 males and 420 females (ratio 3.8:1) in 1966.

TABLE E  
Age groups of females with gonorrhoea in Manchester clinics, 1967

<i>Age (years)</i>	1963 <i>No.</i>	1964 <i>No.</i>	1965 <i>No.</i>	1966 <i>No.</i>	1967 <i>No.</i>
Under 16	9	8	3*	8*	6*
16 and 17	37	39	42	51	54
18 and 19	94	73	78	94	127
Total under 20	140	120	123	153	187
% age under 20	24	21	26	27	28
20 to 24	200	222	172	165	214
25 and over	229	231	169	255	272
Totals	569	573	464	573	673

\*Gonococcal ophthalmia neonatorum and gonococcal vulvo-vaginitis in children are now excluded.

## Venereal disease in immigrants

Five of the 30 males with early syphilis were not born in this country. One was a Norwegian seaman and the others, two Pakistanis, one West Indian and one from Eire, were all members of the resident immigrant population. None of the females with early syphilis was an immigrant.

Table F shows the influence of male immigrants on the incidence of gonorrhoea during the past five years. Comparison is made with 1955, the year which first clearly showed the impact of immigration on venereal disease in Manchester. The situation has remained static for the past three years.

TABLE F

Country of origin of male patients with gonorrhoea in Manchester clinics (excluding Seamen's Dispensary) 1967

<i>Country of origin</i>	1955		1963		1964		1965		1966		1967	
	<i>No.</i>	<i>per cent</i>	<i>No.</i>	<i>per cent</i>	<i>No.</i>	<i>per cent</i>	<i>No.</i>	<i>per cent</i>	<i>No.</i>	<i>per cent</i>	<i>No.</i>	<i>per cent</i>
U.K.	907	68.5	796	44.0	1,003	53.3	885	57.9	1,019	57.3	1,039	57.9
Non-U.K.	417	31.5	1,011	56.0	870	46.7	642	42.1	762	42.7	773	42.1
Totals	1,324	100	1,807	100	1,873	100	1,527	100	1,781	100	1,812	100

## Other conditions

In 1967, 3,967 (60 per cent) of the total of 6,577 new patients were found to have neither syphilis nor gonorrhoea. This total includes 1,061 males with non-gonococcal urethritis and also 854 males and 269 females who required reassurance only. There were also 31 males and 18 females with yaws, a tropical non-venereal disease which at the stage seen in this country is usually of academic importance only.

## Venereal diseases social worker

Close liaison continues between the venereal disease service and the health visitor service provided by the local authority. Responsibility for this liaison lies mainly with the health visitor permanently seconded by the Manchester Health Department, for duties with the venereal disease service in the area. Her main function is tracing contacts of venereal infection who otherwise might not report to the clinic and if infected, spread disease. During 1967 a total of 49 contacts were brought to the clinics. This is a thankless and often soul-destroying task but the effort is worth while and seems worth while extending.

## General Medical Services

### Medical Reviews

Department	Pre-employment medical questionnaires examined	Pre-employment medical examinations and/or X-rays	Retirements due to incapacity	Miscellaneous medical reviews
Airport .. .. .	53	9	—	31
Art Galleries .. .. .	18	5	—	1
Baths and Laundries ..	1	—	4	16
Children's .. .. .	192	171	1	9
City Architect's .. .. .	31	1	—	3
City Estates and Valuation	23	1	1	1
City Planning .. .. .	8	1	—	1
City Surveyor's .. .. .	47	6	16	37
City Treasurer's .. .. .	89	8	2	2
Cleansing .. .. .	2	—	9	140
Direct Works .. .. .	52	9	17	148
Education .. .. .	—	—	52	—
Fire Brigade .. .. .	5	—	—	2
Health .. .. .	581	301	6	18
Housing .. .. .	43	10	—	1
Libraries .. .. .	83	12	—	2
Lord Mayor's .. .. .	—	—	—	—
Markets .. .. .	8	2	2	8
Parks and Cemeteries ..	8	—	7	11
Police .. .. .	142	24	1	4
Probation .. .. .	10	2	—	—
Rivers .. .. .	20	4	—	5
Stationery .. .. .	5	1	—	—
Town Clerk's .. .. .	84	7	—	2
Town Hall Superintendent's	5	1	3	5
Transport .. .. .	—	—	36	—
Waterwork's .. .. .	62	2	7	20
Weights and Measures ..	—	—	—	—
Welfare Services .. .. .	49	20	4	25
Totals .. .. .	1,621	597	168	492
For other local authorities .. .. .	—	—	—	40
Grand totals .. .. .	1,621	597	168	532

In the case of the Children's Department and certain sections of the Health Department, a chest X-ray and/or medical examination is compulsory. Entrants to the Education Department are examined by the school medical officers and the Transport Committee's own medical officer examines applicants for administrative posts in the Transport Department.

#### Town Hall clinic

The staff welfare, first-aid and immunization clinic, situated in the Town Hall extension basement, has continued to operate most satisfactorily. The qualified nurse in charge of the clinic, under the supervision of a senior departmental medical officer, is also the welfare adviser and sick visitor for all Corporation staff and has established a good working liaison with employees and employing departments. This clinic is now regularly used for medical consultations by departmental medical staff. Chiropody sessions are also available for patients who find a centrally located clinic more convenient. Sessions for cervical

cytodiagnosis were continued. Details of work carried out include:—

Reason for attendance		Number of cases
Treatment of injury and illness	first attendances .. .. .	116
	total attendances .. .. .	118
Medical interviews i.e. suitability for normal work after illness, personal and social problems etc. .. .. .		612
Home visits to Corporation employees on sick leave .. .. .		84
Medical examinations .. .. .		159
Immunization	Yellow fever .. .. .	1,877
	Poliomyelitis .. .. .	43
	Smallpox .. .. .	130
	Other .. .. .	20
Chiropody .. .. .		149
Cytodiagnosis .. .. .		82

**Pre-employment medical review**

Comprehensive medical questionnaires are completed by all applicants for employment in the Corporation service. The screening of these medical questionnaires is carried out by senior medical officers of the department and in only a minor proportion of cases is subsequent action necessary. One thousand six hundred and twenty-one medical questionnaires were checked and it was necessary for medical examinations and/or chest X-rays to be carried out in five hundred and ninety-seven of these cases. Only twenty-three applicants were found to be medically unsuitable for employment. Seventeen registered disabled persons were considered to be medically suitable for employment.

**Long term sickness absence**

The Medical Officer of Health, at the request of employing committees and heads of departments, and with the permission of the employees concerned, obtained confidential medical reports on employees absent from duty due to sickness for prolonged periods of time or when their entitlement to sickness benefit was about to expire. Subsequently, forty employees were referred for medical examination by independent consultants and, as a result seven employees were found alternative work of a less strenuous or arduous nature.

**Retirement for medical reasons**

The Medical Officer of Health recommended the retirement, for medical reasons, of one hundred and sixty-eight employees of the Corporation who were incapable of carrying out their duties and for whom no suitable alternative work was available. The following table shows the number of employees retired for each main type of incapacity. Bronchitis and circulatory diseases caused nearly half the total retirements.

Nature of incapacity	Number of cases
Malignant neoplasms .. .. .	4
Allergic and metabolic diseases .. .. .	1
Psychoneuroses and psychoses .. .. .	15
Vascular lesions affecting central nervous system .. .. .	3
Other diseases of nervous system and sense organs .. .. .	9
Coronary disease .. .. .	15
Other diseases of heart .. .. .	10
Other diseases of circulatory system .. .. .	13
Bronchitis .. .. .	48
Other diseases of respiratory system .. .. .	3
Diseases of digestive system .. .. .	2
Arthritis .. .. .	19
Other diseases of bone and organs of movement .. .. .	13
Other causes .. .. .	13
	<u>168</u>

### **Medical review of hackney carriage drivers**

It is necessary for applicants to the Watch Committee for hackney carriage licences to submit medical reports completed by their family doctors. In these reports special attention is directed to the presence of eye and ear defects, heart disease and diseases of the nervous system. New applicants numbered three hundred and ninety-three whilst one hundred and twenty-one renewal applications were submitted. In five cases it was necessary to recommend the rejection of the applications.

### **Examination of children referred by the Children's Department**

Medical officers of the department examine children about to be taken into care by the Children's Department to ensure their freedom from infection. Sixty-four such examinations were carried out during the year.

### **Health control at Manchester Airport**

The Medical Officer of Health is responsible for health control and the medical inspection of aliens and commonwealth immigrants arriving at Manchester Airport. Four medical officers of the Health Department and nine private general medical practitioners who live near to the airport are appointed to act on behalf of the Medical Officer of Health in this capacity.

Under the Public Health (Aircraft) Regulations, 1966, persons arriving on aircraft from smallpox endemic areas of Africa, Asia and America (except the United States of America or Canada) and from any smallpox local infected area are required to be in possession of a valid smallpox vaccination certificate. When persons arrive without a valid certificate, they are vaccinated at the airport or arrangements made for them to be kept under medical surveillance, as required.

Six persons were medically examined under the Aliens Order and two hundred and sixty were medically examined under the Commonwealth Immigration Act and all proved suitable for admission. The Immigration Officer refused admission to thirty-three aliens and twenty-one commonwealth citizens for non-medical reasons.

Twelve hundred and fifty long-stay immigrants arrived at the airport and their names and the addresses to which they were travelling were notified to the Medical Officers of Health of the local authorities concerned to enable them to make contact with the immigrants and acquaint them with the health facilities available for them.

### **Immigration**

The Medical Officer of Health received, from Port Health Authorities throughout the country, advice notes giving the names and addresses of seven hundred and forty-four long-stay immigrants who had arrived at airports and seaports and whose destination was stated to be Manchester. Arrangements were made for public health inspectors to visit these immigrants and it was found that two had returned to their own country and twenty-two had travelled to addresses in other local authorities' areas. The advice notes referring to these twenty-two were therefore forwarded to the Medical Officers of Health of the local authorities concerned.

The following table gives details of the remaining seven hundred and twenty immigrants notified.

Country where passport issued, as stated by Port Health Authority	Number of immigrants notified as travelling to addresses in Manchester during each quarter					Numbers of immigrants with whom contact was made during the year	
	March Qtr.	June Qtr.	September Qtr.	December Qtr.	Totals for year	Immigrants who arrived during	
						Dec. Qtr. 1966	The year 1967
Commonwealth countries:—							
Caribbean	68	79	81	83	311	13	247
India	10	20	7	19	56	2	28
Pakistan	40	60	53	62	215	16	150
Other Asian	7	14	22	9	52	3	26
African	7	5	6	6	24	3	20
Other	2	—	4	1	7	1	6
Non—Commonwealth countries:—							
European	7	6	5	7	25	5	16
Other	6	7	8	9	30	—	19
Totals	147	191	186	196	720	43	512

Contact was made with 77 per cent of the immigrants, an increase of 7 per cent over the previous year. Failure to make contact with an immigrant is frequently due to the immigrant travelling directly to an address different from the notified one, as, for instance, when the immigrant's sponsor moves to a new address after the immigrant has made application for an entry permit. When this happens the immigrant usually becomes untraceable.

Those immigrants with whom contact is made are advised to register with a medical practitioner with a view to chest X-rays being arranged; all children and those adults who require it are offered facilities for tuberculin testing and B.C.G. vaccination. Information about the immigrants is then passed on to the Nursing Services Division and the School Health Service so that follow-up visits can be made if necessary.

### Rehousing on medical grounds

Rehousing and transfer applications are in many instances supported by medical evidence which is submitted on the applicant's behalf by medical practitioners, hospital welfare organizations and other sources. A medical officer of the department reviews the evidence together with a report from one of the department's housing inspectors, following a visit to investigate housing conditions. Five thousand nine hundred and ninety-eight cases were considered compared with five thousand two hundred and ninety-two in the previous year. Subsequently, the recommendations of the Medical Officer of Health were referred to the Director of Housing.

### Cremation certificates

The Medical Officer of Health is medical referee to the Blackley Crematorium and doctors A. J. Essex-Cater and A. Butterworth are appointed deputy medical referees. Nine hundred and eighty-seven certificates were examined and, although in some instances further information had to be obtained, it was on no occasion necessary for the medical referee to withhold signature subsequently.

## **Exemption from parking meter charges for disabled persons**

Disabled persons using invalid carriages or adapted motor vehicles, and who need to park such vehicles in the City centre, can be provided with badges exempting them from parking meter charges. The Medical Officer of Health considers applications for such exemption and fifty new applications were approved. Two hundred and seventy-two applications were renewed for a further year.

## **Examination of Waterworks Department staff**

The Health Department continued to arrange for the examination of new employees of the Waterworks Department who are engaged on work concerned directly with the water supply. The examination consists of one Widal test on a sample of blood and laboratory tests on three samples of faeces and urine. The blood samples are taken at the Public Health Laboratory, Withington Hospital, and the faeces and urine samples are sent weekly by the employee to the laboratory, under arrangements made by the Health Department.

During the year 86 new employees were examined, and of these 14 were asked to submit further samples of blood for Widal testing because of doubts in the results of the first tests. All the examinations finally proved satisfactory.

Arrangements are also made for existing employees to be re-examined at five-yearly intervals by laboratory tests of three samples of faeces and urine. Forty-six re-examinations were carried out and all proved satisfactory.

The Ministry of Housing and Local Government have recently published a memorandum on "Safeguards to be adopted in the Operation and Management of Waterworks" which recommends arrangements similar to those already existing in Manchester, but with routine re-testing of employees every three years instead of every five years and the re-testing of any employee who reports sick with a disease that could be water-borne, or who is absent from work through illness for more than five days. Discussions on the applications of these recommendations are being held between the Waterworks Department and the Health Department.

## **Radioactivity**

### **Radioactive Substances Act, 1960**

By the end of 1967, 25 certificates of registration under section 1, and 7 certificates of registration under section 3, together with 10 certificates of authorisation under section 6, and 8 under section 7 had been issued to firms and establishments in the City by the Ministry of Housing and Local Government. Section 1 registration refers to the keeping and use of radioactive material, section 3 registration refers to the keeping and use of equipment such as industrial radiography machines. Section 6 authorization refers to the disposal of radioactive waste and section 7 to the accumulation of such waste.

### **Nuclear Installations Act, 1965**

There are no nuclear site licences applicable in respect of industrial sites within the City.

### **Teaching establishments**

The University of Manchester Radiological Protection Service agreed to conduct an investigation into the uses of ionizing radiations in Manchester Schools and Colleges of Education.

The uses of ionizing radiations in Schools and Colleges of Education are governed by the requirements of: (1) Department of Education and Science, Administrative memorandum 1/65, 8th January, 1965; and (2) Radioactive Substances Act, 1960. The memorandum provides administrative notes on the procedures for obtaining the approval for work with ionizing radiations and technical notes for guidance. The Act controls the storage, use and disposal of radioisotopes. All the establishments visited were using radioisotopes within the quantity to which the schools exemption order refers and therefore they do not come under the provisions of the Act.

### *X-rays*

A majority of schools possess cathode ray tubes of the maltese cross or paddle wheel type for the demonstration of the properties of electron beams. The older tubes operating with cold cathodes emit, whilst being operated at voltages above 5 KV, soft but intense X-radiation from the target. Schools with these older tubes reported that either they were no longer operated or that a glass screen was used to shield the front row of the class from the X-rays. The more modern tubes with heated cathodes and operated below 5 KV present no such problems.

A few schools possess X-ray sets, but only one reported that this was still used. In collaboration with this school, it is proposed to check their demonstration technique in order to ensure that no pupil receives a significant dose of radiation.

### *Closed radioactive sources*

Nearly every school possesses a few closed sources and, in most instances, these were stored satisfactorily, though not marked. In six cases, where storage procedures needed improvement, appropriate arrangements are now in hand. Metallic plates bearing the British Standard radiation symbol and the words "Caution-Radiation" have been supplied to all schools for affixing to source stores.

For use as a store, the maintained schools have each in the past been provided with a massive concrete block having a top plug which gives access to a small inner cell. When the plug is held in position by a padlocked hasp, the block meets the requirements for fire and security protection. However, the concrete shielding provided by the block is unnecessary for the strength of sources approved for schools use. Further, the inner cell is too small always to accommodate the total number of sources in stock. In view of the tendency for schools to increase their stocks of sealed sources, it has been recommended that fire-proof records cabinets or equivalent be used in place of the concrete blocks, when the latter can no longer provide adequate storage space. In the event of schools developing work with open sources of radioactivity, these could be kept with the closed sources in the records cabinet.

In all instances the quantities of radioactive materials held in store were found to be within the upper limits permitted and the arrangements for the distribution and collection of sources were generally satisfactory.

### *Open radioactive sources*

None of the schools or colleges of education visited were using open radioactive sources. However, in view of the Nuffield recommendations for advanced level chemistry and biology syllabuses, a number of schools' departments were proposing to institute tracer experiments into the sixth form work in future years. Departments in the colleges of education are also interested in work with open sources and are planning to include them in the future.

## **Non-statutory codes of practice**

The "Code of Practice for the Protection of Persons against Ionizing Radiations from Medical and Dental Use" has been applied, as far as appropriate, at all 14 dental X-ray units of the school dental service, and used by school dental officers assisted by dental surgery assistants. Advice was sought from the Radiological Protection Services' Regional Centre at Christie Hospital, Manchester, 20.

A personal film monitoring service at monthly intervals was arranged for the dental personnel and up to the end of 1967 all reports were either negative or well within the accepted dosage range.

A survey was made of the three X-ray units not situated on the ground floor and one of the units was subsequently resited on the ground floor.

## **Acknowledgment**

The Director of the Regional Centre of the Radiological Protection Service at Christie Hospital and the University of Manchester Radiological Protection Officer have been most willing at all times to give professional advice and assistance. This co-operation and liaison is sincerely appreciated.

## **Health Education**

This year has seen a continuance of the previous pattern of health education in Manchester, during which all members of the department have been ever mindful of their special role in this matter. Applications have continued to be received from local government departments and industrial concerns for posters and literature relating to hygiene and personal cleanliness. The City Council through the Health Committee has continued to support the anti-smoking campaign and arrangements were put in hand for suitable posters to be provided for display on the windows of the Transport Department's fleet of buses. Progress towards a cleaner atmosphere over Manchester has been maintained and information has been made freely available to the public to assist them in selecting and using economically suitable alternative appliances and fuels.

Lectures were given by members of the Mental Health Services Division to junior police women, student district nurses and students studying for the Diploma for Teachers of the Mentally Handicapped. Visits were also made to junior training centres and to the division's offices by doctors, teachers, welfare officers and students. The Sanitary Services Division provided lecturers who spoke on the work of public health inspectors, hygiene in shops, housing and redevelopment and clean air. The division welcomed visitors from Hong Kong and Japan as well as a group of secondary modern schoolchildren from our own City. Lectures were given by members of the Nursing Services Division to child care officers, pupil midwives, nursing students and voluntary organizations, and visits were made by nurses and students to study the working of the day nursery service, the home help service, the midwifery service and the district nursing service, to augment their training courses.

In any report on health education mention must be made of the important role of the health visitor, whose aim is to emphasise by teaching and example the necessity and desirability of a healthy way of life. To do this convincingly she must succeed in making the goal of good health an attractive one. In other words, she must illustrate the manifest advantage of a healthy way of life and present it persuasively. To this end she must make use of all the knowledge and skills with which her long training has endowed her.

The health visitor's instruction in health education is first and foremost aimed at the mother and baby in their own home. Here the health visitor commands a unique position, especially where it is a matter of the young mother with her first baby. Instruction and guidance are essential and they come best from the health visitor who, through her friendly approach, is in a situation where she can win the confidence and respect of the mother.

But, of course, the health visitor's activities in the field of health education are not confined to the home or one group of the community, important as that group is. She works and instructs in welfare centres, in schools, and also lectures at meetings of various organizations in the City. She cares for the very old as well as the very young. She employs the most up-to-date methods at her disposal but, at the same time, realises the value of the time-honoured role of the door-to-door visit, especially in those areas where there is much poverty and other social problems. Nor is her task, by contrast, alleviated by the development of new housing estates, for here the difficulties become more complex and the problem is how to help young wives and mothers combat the boredom of a life divorced from social amenities, how to help the adolescent so often ill-provided for and the aged, often re-housed in blocks of flats, isolated and fighting loneliness.

Whatever the effort, the message is the same—the necessity of taking all possible means to ensure good health and to show how desirable it is. If the health visitor can make the public realise and appreciate the benefits of good health and persuade them to take steps to ensure it, then the goal is well-nigh realised. She must be aware at all times of people as individuals, treating them understandingly as such and, whilst using every means to promote good health, she must be ready to fight the subtler type of ill-health which is brought on by the modern scourges of boredom and loneliness.

An outstanding achievement during this century, for which improvements in public health practice have been considerably responsible, has been the massive reduction in the number of deaths between the age of one month and 45 years. This, however, has underlined the importance of the diseases of the middle-aged and elderly, of which cancer is second only to cardio-vascular disease as a cause of death. Health education about cancer, of a kind that might encourage the potential cancer patient to see his doctor at once, is therefore an extremely important part of public health practice. The Corporation has supported the Educational Project of the Manchester Regional Committee on Cancer for many years, and during 1967 this committee continued to offer the services of its panel of medically-qualified speakers to groups and societies of all kinds in the City. The executive officer of the Committee's Educational Project reports that the response from voluntary groups was maintained, and that Corporation employees as well as workers in industry and commerce attended lectures, arranged under the committee's special service for people at their places of work.

Many studies have shown doctors and nurses to be potent influencers of others in the matter of health behaviour, and the committee therefore also arranged a number of talks to professional groups. These included lectures to medical students, to student health visitors and students on the community nursing training course in Manchester and also to a number of groups of Corporation nurses undergoing refresher and in-service training courses.

A leaflet "Have you heard about cervical smears?" was made freely available to all doctors and clinics in the City, and towards the end of the year the committee collaborated with the Medical Officer of Health in planning action to persuade more women to take advantage of the cervical smear test.

## Ambulance and Transport Service

There was an increase in the demand for ambulance transport, the 302,248 patients conveyed being 10,538 more than in the previous year.

Fifty-four two-stretcher ambulances and twenty-two one-stretcher dual-purpose vehicles were in service at the end of the year.

### Operational Record

Ambulance service				1967		1966	
				<i>Stretcher cases</i>	<i>Sitting cases</i>	<i>Stretcher cases</i>	<i>Sitting cases</i>
Patients carried—							
accidents .. ..				17,259	—	16,321	—
general .. ..				12,983	270,528	14,343	259,759
others .. ..				869	609	778	509
				<hr/>	<hr/>	<hr/>	<hr/>
				31,111	271,137	31,442	260,268
				(302,248)		(291,710)	
Total mileage—							
two-stretcher ambulances				716,172		738,995	
dual-purpose vehicles ..				340,551		296,774	
pool cars .. ..				2,450		1,208	
				<hr/>		<hr/>	
				1,059,173		1,036,977	
				<hr/>		<hr/>	
Hospital car service							
Patients carried .. ..				28,565		30,144	
Mileage .. ..				171,908		166,530	

### Train journeys

In appropriate cases the transport of patients by rail was arranged, with 755 cases carried, a decrease of 73 on the previous year.

### Flying squad

The provision of ambulance transport, for the emergency maternity flying squad and its equipment provided by St. Mary's Hospitals, continued. The flying squad was conveyed by ambulance on 89 occasions and in 31 cases the patient was subsequently transferred to hospital in the same vehicle.

### Major accidents

One major accident occurred within the City when a two-coach passenger train collided with the rear of a stationary goods train. Six ambulances were sent to the scene and 16 casualties were removed to hospital.

Assistance was given at the scene of a major accident outside the City, when an aircraft crashed in Stockport when approaching the Manchester Airport on a Sunday in June. Nine Manchester ambulances were at the scene of the crash but unfortunately, of the 82 passengers and crew on board, only 13 were alive when removed from the aircraft.

### Staff

The approved establishment of operational staff remained unchanged and included 170 ambulance driver/attendants.

First-aid training continued at the main depot and one course was completed. Consideration was being given at the end of the year to the secondment of ambulance personnel to experimental basic training courses organized by adjoining county ambulance services, as recommended by the Ministry of Health.

All drivers employed in the Health Department on the 1st January of each year are entered for the National Safe-Driving award organized by the Royal Society for the Prevention of Accidents. One hundred and ten drivers qualified for awards for 1966, including 101 ambulance drivers, and the presentation of the awards was made by the Chairman of the Health Committee—Alderman Dr. P. Buckley—at a function held in the Town Hall in October.

### **Hospital car service**

Hospital car service volunteers recruited by the Women's Royal Voluntary Services continued to augment the ambulance service, particularly in the transport of walking cases to and from out-patient clinics and convalescent homes.

### **Civil defence**

In accordance with the Home Office Civil Defence circular number 1/1967, in which it was stated that augmentation of the ambulance services in time of war will no longer be a function of the Civil Defence Corps, the former ambulance and first-aid section of the Corps was disbanded in the early part of the year.

Revised plans for the expansion of the peace-time ambulance service in time of war, in accordance with the guidance contained in the Ministry of Health circular number 13/67, were prepared and approved by the Civil Defence Committee towards the end of the year, and it was anticipated that recruitment to the Ambulance Reserve would commence early in 1968.

### **Municipal car pool**

One limousine car and seven saloon cars were operated as a municipal car pool, being used by various committee members and officials and also to convey mentally disordered and other patients to hospital; these latter journeys are included in the ambulance service statistics. The operating mileage of 78,772 miles was 4,836 miles less than in 1966.

### **Commercial vehicles**

Four vans operating full-time and one van operating part-time for the Health Department travelled 46,089 miles, of which 11,415 miles were incurred on disinfection service duties.

### **Disinfection and disinfestation service**

A disinfection and disinfestation station is an integral part of the Monsall sub-depot, two steam disinfectors being available for clothing and bedding. In addition, a formalin chamber is used for articles which cannot be subjected to steam pressure. One of the commercial vehicles serves as a bedding van for the collection of infected bedding and clothing, and is designed to facilitate rapid disinfection of its interior.

### **Immunization unit**

The mobile immunization unit continued to be used for children whose parents were unable to use the service provided at child welfare centres. The operating mileage was 7,889 miles, compared with 7,892 miles in 1966.

### **Operating mileage**

The total mileage operated by all sections of the ambulance and transport service in 1967 was 1,189,473 miles.

## Langho Colony

(Administered and maintained by the Manchester City Council, under the terms of Part III of the National Assistance Act, 1948)

### Staff

Medical Superintendent G. A. Thompson, M.R.C.S.(ENG.), L.R.C.P.(LOND.)

Principal Nursing

Officer... .. Henry W. Hayward, S.R.N., R.M.N., B.T.A.

Secretary ... .. S. A. C. Bunn, F.C.C.S., A.H.A.

On 31st December, 1967, there were 240 male and 214 female residents; of these, 128 were chargeable to the Corporation of Manchester and 326 chargeable to other authorities. The colony has continued to provide a specialised service to the community, and throughout the year there has been a constant request for admissions from Manchester and from other parts of the country.

The following table of statistics refers to the residents in the colony during the year:—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Admissions.. .. .	34	13	47
Re-admissions .. .. .	24	7	31
Discharges .. .. .	63	10	73
Deaths .. .. .	8	9	17

The total number of epileptic seizures was 11,189, classified as follows:—

	<i>Severe</i>	<i>Slight</i>	<i>Total</i>	<i>Average per resident per year</i>	<i>Numbers of residents maintained</i>
Males .. .. .	3,863	3,578	7,441	36	240
Females .. .. .	1,790	1,958	3,748	17	214
Totals.. .. .	5,653	5,536	11,189	—	454

The general health of the residents has been satisfactory and there have been no epidemics of infectious disease. Dr. Susan Woodcock, M.R.C.P., the area consultant neurologist, has visited regularly and any patient requiring specialised investigation and treatment has had the full benefit of the facilities available at the regional neurological and neuro-surgical unit at Preston. Dr. Woodcock, however, resigned her appointment in December and we are awaiting her successor.

An optician and a chiropodist visit the colony weekly and the treatment received, especially by the older residents, is very much appreciated.

Many of the colony residents have other handicaps besides epilepsy and, in the main, the colony caters not only for persons with very severe epilepsy but also for those who have an additional affliction such as blindness, deafness, minor mental illness or some other physical disability, which makes it difficult and often impossible for them to live a normal life in the community. However, whenever possible, attempts are made to rehabilitate suitable residents back into community life and, consequently, there is the closest liaison maintained with the local Disablement Resettlement Officers of the Ministry of Labour.

In the autumn, with the co-operation of the local education authority, an evening centre was established: twenty classes per week are now held, embracing such subjects as civics, art, woodwork, dressmaking, craft work and physical training—one of the blind residents is, in fact, learning to type. The residents'

attendances in one week total approximately 230, and they have readily availed themselves of these facilities, which are very much appreciated and help to fill a gap in their lives. Every effort is made to keep all residents employed, and the occupational therapy unit has continued to make steady progress, an average of 122 persons attending daily. Contract work has included the production of woven fence-panelling, removing blemishes from lint paper (bank-note quality) prior to its re-pulping, the production of a variety of handicraft material packs and the painting of toy soldiers. In the woodwork section there is a full order book for such things as the manufacture of wardrobes, bed-side cabinets, card-tables, lockers and garden seats. Several of the residents continue to find satisfaction in craftwork, i.e., making soft toys, embroidery, sewing, felt and wool rugs, basketry, coir mats and other items. Wire weaving continues, and there is a standing order from the Direct Works Department of the City for all the wire fencing that can be produced.

Official visits were paid by delegations from Birmingham, Blackburn, Bradford and Salford; committee members from the Maghull Homes for Epileptics and students from the Manchester College of Commerce. Students from the Millbank College of Commerce in Liverpool also visited the colony as part of their course for the Certificate in Social Work. In December, the colony was visited by the Joint Sub-committee on Health and Welfare Services for Epileptics, set up jointly by the Ministry of Health and the Advisory Committee on Health and Welfare of Handicapped Persons. A most comprehensive tour of inspection of the colony was carried out.

In May, Mr. Stanley Collier resigned from the post of deputy secretary-steward and Miss Elsie Harrison, the senior clerical officer, was appointed to the vacancy from 1st July, 1967.

The annual gala day was held in July and was attended by the Chairman and members of the Residential Homes Sub-committee, and their guests. As usual, the entertainment and recreational activities of the residents were well catered for. These included a visit to a pantomime "Babes in the Wood" at the Palace Theatre, Manchester, followed by tea in Bolton; visits to a Christmas Revue at Calderstones Hospital, Whalley; "Iolanthe", and "Dick Whittington's" pantomime, in Blackburn. In addition, there were the usual weekly dances, films and club night, which includes bingo sessions. In the summer, 126 residents had a week's holiday at Blackpool or Southport. Also, 289 residents thoroughly enjoyed a trip to Blackpool in the autumn, which included a tour of the illuminations. On the sports field, the cricket and football teams had a very successful season in the Manchester Regional Hospital Patients' League, when the cricket team again won the cricket merit cup. The colony staff cricket team is also a member of the Ribblesdale Junior League, and Blackburn Rovers Junior teams often play their home matches on the colony ground. These "home" games give great entertainment, especially to the male residents.

The staffing position has remained extremely good, in spite of intense competition for attendants and nurses from local hospitals.

The farms again had a successful year and the usual high standard of farming practice was maintained.

The Ranger Company of Girl Guides continued to work well, the girls having taken part in divisional activities and thoroughly enjoyed a one-day camp in the grounds of Brockhall Hospital with the Brockhall Rangers. In February, they took part in a division thinking day "get-together" in Blackburn—some of the rangers especially depicting the handicapped section of guiding.

At Christmas, all the rangers attended the district Christmas party and helped to entertain guides and brownies with carols and games. More time has been spent on outdoor activities rather than badge work this year.

The Medical Superintendent again expresses his thanks to all members of the staff for their support during 1967, and to the members of the Residential Homes Sub-committee for their unfailing courtesy.

**Dr. Garrett Memorial Home**

The Home, situated on the western bank of the river Conway, affords good climatic conditions amongst picturesque surroundings of sea, river, mountain and woodlands.

During the summer months accommodation is provided for 135 children between the ages of two and fifteen years. During the winter months, owing to the non-use of 32 two-bedded outdoor chalets, only 65 to 70 children can be maintained. Admissions average 20 to 22 per week in the summer months, but in the winter months vary according to the number of children discharged.

The school medical service, maternity and child welfare centres, City hospitals, and general medical practitioners recommend children suffering from some impairment of health for the benefit of five to six weeks convalescence. It is a pleasure to record that for the past four years no admissions have been cancelled because of infectious disease. Transport is arranged by chartered coach.

The year again provided maximum outdoor activity, except for December when we had one of the heaviest snowfalls ever known in Conway. During inclement weather indoor pastimes, consisting of simple handicraft instruction, musical games and dancing, drawing and painting, card and dice games, weekly cinema and daily television shows, are arranged under the direction of the senior warden.

Statistics of admissions and discharges and of nursing care provided are given in the following tables:—

**Admissions**

Type of case	1967 Number of cases	1966 Number of cases
Admissions .. .. .	814	859
Re-admissions from hospitals .. .. .	nil	3
Totals .. .. .	814	862

**Discharges**

Type of case	1967 Number of cases	1966 Number of cases
“fit” .. .. .	814	849
“improved” .. .. .	8	5
“to hospital” .. .. .	nil	5
Totals .. .. .	822	859

### Nursing care required

Illness	Cases	
	1967	1966
Acute upper respiratory tract infection ..	58	6
Acute sore throat .. .. .	53	43
Otitis media .. .. .	9	10
Bronchitis .. .. .	13	4
Common infectious diseases .. ..	28	75
Influenza .. .. .	3	19
Virus infections .. .. .	2	26
Minor ailments and injuries .. ..	4	6
Other conditions .. .. .	28	30
All types .. .. .	198	219

The maximum number of children maintained was 117 and the minimum 57, compared with 125 and 52 respectively last year, giving an average of 80, compared with 84 last year. Fifty-one children were taken home prior to the normal discharge date, compared with eighty-five last year; absences without permission occurred on five occasions, compared with two last year.

Recruitment of resident nursing staff does not improve and students on vacation were again engaged to supplement vacancies, thus enabling more children to be maintained.

The postponement of the proposed reconstruction of the Home due to the financial restrictions was most disappointing.

Dr. T. V. Tattersall, visiting medical officer, retired in October, 1967, after ten years of conscientious service. Dr. Tudor Owen was subsequently appointed to the vacancy.

The local Mayor and Mayoress, the Deputy Mayor and the Town Clerk and his wife visited the Home on December 23rd and presented each child with a new shilling. Numerous gifts by local residents and societies were distributed on Christmas Day and brought untold delight to the children in residence.

### Municipal Hostels

Women's            Ashton House, Corporation Street, Ancoats.

Miss H. G. Frost—Manageress.

Men's                Walton House, Harrison Street, Ancoats.

Mr. H. Irving—Manager.

The municipal hostels are registered common lodging houses, providing accommodation, in separate cubicles, for 210 women in Ashton House and 452 men in Walton House. The average nightly occupancy for the year was 90 and 352 respectively which, compared with 1966, shows an increase in bookings at Walton House but no change at Ashton House.

The hostels provide accommodation for residents, in separate cubicles each furnished with a comfortable bed, bedside chair, clothes hooks and, in the women's hostel, mirrors and bedside mats. Except for night workers, residents are not allowed in the cubicles between 8-30 a.m. and 7 p.m., but have access to all other amenities including the use of kitchens, dining rooms, smoke rooms

furnished with easy chairs and a television set, reading rooms, laundries, baths and lavatories. Cooking utensils are provided for use by residents, free of charge. Wardrobe lockers are available for personal belongings; cooked meals are available at moderate charges and, for those who prefer to prepare their own meals, there is a varied selection of groceries available for purchase.

Both hostels are clean and homely and improvements are regularly being carried out for the general comfort of the residents.

Charges for accommodation are:—

Ashton House—rent of cubicle 6s. per night or £2 0s. 6d. weekly.

Walton House—rent of cubicle 6s. 6d. per night or £2 4s. weekly.

These charges include baths (soap and towel provided), free use of lockers and early calling of residents upon request.

## Nursing Homes and Agencies

The nursing homes in the City which had been exempted from registration under section 192 of the Public Health Act, 1936, have been required, since 15th May, 1964, to be registered with the appropriate local authority in accordance with The Conduct of Nursing Homes Regulations, 1963. Details of the eight registered nursing homes are as follows:—

<i>Names, addresses and principal officers</i>	<i>Purpose of registration</i>
The Salvation Army, The Crossley Hospital, 13-15, Merrill Street, Ancoats, Manchester 4. (ARD 3606) (Matron—Major Joyce L. Jones, S.R.N., S.C.M.)	22 maternity patients.
Manchester and Salford Methodist Mission, Lorna Lodge Maternity Home, 133, Barlow Moor Road, West Didsbury, Manchester 20. (DID 5219) (Matron—Miss B. J. Hickson, S.R.N., S.C.M.)	5 maternity patients.
The Manchester and District School for Jewish Handicapped Children, Laski House, Smedley Lane, Cheetham, Manchester 8. (COL 1920)	15 mentally handicapped children.
St. Joseph's Hospital, Carlton Road, Whalley Range, Manchester 16. (Mother Superior) (MOS 2231)	140 medical and surgical patients.
Manchester Jewish Homes for the Aged, 208, Cheetham Hill Road, Manchester 8. (BLA 3892) (Administrative Director—H. Lewis Berg, B.A., LL.B., F.H.A.) (Sister-in-charge—Mrs. B. M. Smith, S.R.N.)	100 medical patients.
Stonecroft Recovery Home, Parkfield Road, Didsbury, Manchester 20. (DID 2972) (Matron—Miss H. D. Lyon, S.R.N.)	12 convalescent patients.
Philip Godlee Lodge, 842, Wilmslow Road, Didsbury, Manchester 20. (DID 3183) (Matron—Miss H. A. Biddulph, S.R.N.)	26 elderly and infirm convalescent patients.
The Alexian Brothers' Nursing Home, 171, St. Mary's Road, Moston, Manchester 10. (FAI 1929) (Brother Superior Anthony)	84 medical patients.

Inspection of the homes has been carried out by a senior medical officer and a public health inspector, and advice has been available whenever required. Particulars concerning admissions, etc., of patients during the year are given below:—

Medical cases—

Number admitted	..	..	..	..	..	..	..	..	720
Number of deaths	..	..	..	..	..	..	..	..	153

Surgical cases—

Number admitted	..	..	..	..	..	..	..	..	2,106
Number of operations performed	..	..	..	..	..	..	..	..	2,038
Number of deaths	..	..	..	..	..	..	..	..	4

Maternity cases—

Number admitted	..	..	..	..	..	..	..	..	517
Number confined	..	..	..	..	..	..	..	..	465
Number of live births	..	..	..	..	..	..	..	..	465
Number of confinements with inhalation analgesia	..	..	..	..	..	..	..	..	441
Number transferred to other hospitals	..	..	..	..	..	..	..	..	39

Also, 143 radium, X-ray therapy, chemotherapy and surgical convalescent patients were admitted to, and discharged from, Stonecroft Recovery Home, which is maintained by the Christie Hospital.

An application for the renewal of an agency licence, as required by section 2 of the Nursing Agencies Act, 1957, was approved by the City Council.

## **Nursing Services Division**

Health visiting

Care of mothers and young children

Welfare centres

Mothers' clubs

Day nurseries

Care of the unmarried mother

Knowle House mother and baby home

Dental care

Nurseries and Child Minders Regulation Act, 1948

Home nursing

Home help service

Midwifery

Prevention of illness, care and after-care

Tuberculosis

Cytodiagnosis, cancer of the cervix

Loan of sickroom equipment

Laundry service

Chiropody

Convalescence

Family welfare service

Family planning

Darbishire House health centre

Incidence of blindness

Epilepsy and cerebral palsy

Monsall cleansing clinic

Welfare of immigrants



## Nursing Services Division

### Staff

#### *Medical*

Anna Elizabeth Jones, M.B., B.Ch., B.A.O., D.G.O., D.P.H., L.M., Administrative Medical Officer.  
Jill Roland, M.R.C.S., L.R.C.P., Deputy Administrative Medical Officer (from 9-1-67).  
Muriel Jane Brayshay, M.B., Ch.B.  
Mairin Buckley, M.B., B.Ch., B.A.O., L.M.  
Elsie Margaret Dakin, M.B., Ch.B.  
Annie Margaret Dawson, B.Sc., M.B., Ch.B., D.C.H., D.Obst. R.C.O.G.  
Mehtar Qamrul Hasan, M.B., B.S., D.T.M. & H., M.R.C.O.G.  
Rosaline Howat, M.B., Ch.B.  
Margaret Longden Marsland, M.R.C.S., L.R.C.P.  
Gwen Ellis Owen, M.B., Ch.B.  
Jill Roland, M.R.C.S., L.R.C.P. (to 8-1-67).  
Ram Labhaya Tandan, M.B., B.S.  
Stella Yeomans, M.R.C.S., L.R.C.P.

#### *Nursing*

Miss A. M. Clarke, B.A. (COM.), Diploma in Social Study—Organizer of Home Help Service.  
Miss E. France, S.R.N., S.C.M., M.T. Diploma—Supervisor of Midwives.  
Miss M. C. Hampson, S.R.N., S.C.M., H.V. Certificate—Superintendent Health Visitor.  
Miss M. Thistlethwaite, M.B.E., S.R.N., S.C.M., Q.N., H.V. Certificate—Superintendent of Home Nursing Service.  
Mrs. B. M. Thornley, S.R.N., S.R.F.N., Hospital Certificate for Tuberculosis—Supervisory Matron and Tutor, Day Nurseries.

### Health Visiting

The City Council's decision in 1966, to amalgamate the nursing staffs of the health visiting and school health services and to transfer nurses employed by the latter to the Health Department, was implemented in April, 1967. The change was made in the interests of both services in order to facilitate interavailability of staff, to streamline the work and to render it more compact and effective. Some of the benefits are already evident, others will accrue in the later stages of reorganization.

An aspect of health visiting which is rapidly growing in significance is liaison with general practitioners. It is easy to foresee that such liaison will hold an increasingly important place in the future pattern of health visiting. The mutual benefits are of such a nature and the overall value to patients are so considerable that it is important for this facet of the health visitor's work to be developed to its full potential.

There must, however, be a clear understanding of the health visitor's professional status in this type of liaison and an appreciation of the unique contribution which she is in a position to make. If she is mistakenly expected to fulfil a clinical role, the whole structure and purpose of the arrangement is nullified.

Recommendations relating to the practical training of students made by the Health Visitor Training Council have been complied with and fieldwork instructors attended courses organized by the Health Visitors' Association and the Royal College of Nursing. Each student completed her three month period of supervised practical work. Students clearly benefited from this new training system, but there is need of experienced health visitors to undertake this responsible task of student training.

There were 13 resignations including 1 retirement, and 11 appointments to the health visitors' staff. The Deputy Superintendent Health Visitor, Miss Parrish, retired in September after long service with the department, and Mrs. Dickinson, former Superintendent School Nurse, was appointed to fill the vacancy. Two further group advisers were appointed at the beginning of the year.

The approved establishment of staff in the health visiting section and the numbers employed at the end of the year were as follows:—

	<i>Approved establishment</i>	<i>Employed (approximate wholetime equivalent)</i>
Administrative staff .. .. .	3	3
Tutors .. .. .	3	2
Welfare officer.. .. .	1	1
Group advisers .. .. .	7	4
Health visitors in charge of centres	19	18
Health visitors.. .. .	85	67
Health visitors (part-time) .. ..	—	5
School nurses .. .. .	77	56
School nurses (part-time) .. ..	—	3·4
Clinic nurses .. .. .	13	7
Clinic nurses (part-time) .. ..	—	4
Monsall clinic sister .. .. .	1	1
Staff first-aid sister .. .. .	1	1

### Screening tests of hearing in babies and young children

There are fifteen child welfare centres where screening tests are held weekly or fortnightly. The sessions previously held at Cheetham have been transferred to the new centre at Trees Street, Crumpsall. Appointments are made for mothers to attend with their babies. Ideally the test is carried out on infants between 7 and 9 months of age and any case of defective hearing detected is referred to the Department of Audiology of the University of Manchester.

Local authority clinics were again used by the Department of Audiology in the training of medical officers in screening techniques.

#### Summary of screening tests undertaken

Centre	No. of sessions	No. of children tested	No. of children passed	No. awaiting repeat test	Referred to Department of Audiology
Abbey Hey .. .. .	33	236	228	2	6
Ardwick .. .. .	35	126	114	7	5
Baguley .. .. .	25	130	127	2	1
Charlestown Road .. ..	29	196	194	—	2
Collyhurst .. .. .	23	171	167	—	4
Crumpsall .. .. .	25	89	85	3	1
Darbishire House .. ..	38	281	261	13	7
Didsbury .. .. .	25	225	224	—	1
Gorton .. .. .	24	163	137	11	15
Harpurhey .. .. .	31	208	182	9	4
Moss Side.. .. .	88	241	216	8	12
Northenden .. .. .	34	257	246	6	4
Plant Hill .. .. .	29	147	145	—	2
Withington .. .. .	20	222	214	5	—
Woodhouse Park .. ..	47	326	301	7	9
Totals .. .. .	506	3,018	2,841	73	73

## Prevention of accidents

The health visitors continue to teach the principles of home safety and the prevention of accidents in the course of their daily work, assisted by the use of posters and leaflets in the clinics. The safety of small children, however, must ultimately be the responsibility of the parents, and it is often difficult to convince them of the dangers which exist, particularly when, for example, this involves spending money on adequate fireguards. Oil heaters have caused several fatal accidents and, although adequate legislation exists covering standards of manufacture, it is not possible to legislate against improper usage.

The Royal Society for the Prevention of Accidents is active in this whole field and quarterly meetings of the Lancashire and Cheshire Regional Home Safety Council are attended by a group adviser, who also attended the Annual Conference of Ro.S.P.A. in London in October, when the theme was "Accidents to Children".

## In-service training

So successful was the course, organized in 1966 by the extra-mural department of Manchester University for health visitors who had qualified before the introduction of the new regulations and expanded syllabus of the Health Visitor Training Council, that it was decided to release further members of the staff to take advantage of a similar course in 1967.

The theme of the 28th Annual Refresher Course held in April was "Modern Advances in Preventive Medicine". Lectures were given on "Immunization" "Cervical Cytology" "Communications in Domiciliary Midwifery" and "Family Planning". The lively meetings were attended by delegates from eighteen local authorities.

## Conferences and post-graduate courses

Organization	Place	Title	Duration of course	Numbers attending
College of Nursing	London	Diabetes	1 day	1 health visitor
Royal College of Midwives	London	Preparation for parenthood	1 day	1 superintendent health visitor 1 group adviser
Health Visitors' Association	London	Group Advisers' meeting	1 day	1 group adviser
University of Manchester	Manchester	Post-certificate course for qualified health visitors	Day release for 12 weeks	7 health visitors 1 group adviser

## Prevention of break-up of families

Happy family life is the foundation of our social structure and the prevention of the break-up of the family unit is one of the health visitor's principal preoccupations. For example, she advises parents of low intelligence and helps those who lack the ability to cope with particular responsibilities, often those of a financial nature.

Regular meetings of the Co-ordinating Committee are held at which representatives of various organizations concerned with this type of work discuss methods of helping families in danger of break-up. Thirty meetings were held and the circumstances of 56 families were discussed, including 42 cases brought forward from the previous year. Of 13 new cases, 11 were known to health visitors.

### **Liaison with hospitals**

Health visitors in liaison with hospitals are keenly aware of the value of this type of work. They form the bridge between the hospital staff and the district health visitors and are in a position to provide both with valuable information. Knowledge of the social background of patients, especially when they are children, can be of vital importance in hospital treatment.

In hospital the liaison health visitor accompanies the doctor on his ward rounds, learns the nature of the patients' ailments and the required follow-up treatment, and passes on any necessary instructions to the district health visitors. She also works in close co-operation with ward sisters and medical-social workers.

Such matters as dietetic instructions for diabetics, and the arrangement of care for young children when the mothers require urgent admission to hospital are examples of the many and varied duties she is called upon to fulfil.

The extent of this type of liaison work is increasing yearly and Monsall Hospital has joined the scheme. Health visitors attended the following hospitals and clinics regularly during 1967.

- St. Mary's Hospital, department of child health.
- Booth Hall Hospital (children).
- Duchess of York Hospital (children).
- Manchester Royal Infirmary, diabetic clinic.
- Chest clinics at Denmark Road and Baguley Hospital.
- Crumpsall Hospital, maternity and geriatric units.
- Withington Hospital, maternity unit.
- Wythenshawe Maternity Hospital.
- Pendlebury Children's Hospital, Gartside Street clinic.
- St. Luke's clinic (venereal diseases).
- Monsall Hospital (infectious diseases).

### **Hospital student nurses**

The student nurses attended lectures given at their hospitals by health visitors about the work of the Health Department and the social aspects of disease. The student nurses also visited the department's maternity and child welfare centres and accompanied health visitors on the district, thus making some contact with the practical work of the health visitor.

The students are given the opportunity of asking questions relating to the situations they have experienced, when representatives of the staff make a return visit to the hospitals.

### **Liaison with voluntary organizations**

Voluntary organizations are an indispensable and much appreciated part of social services. Health visitors have established liaison with the major voluntary organizations and are fully cognizant of the value of such co-operation.

A volunteer bureau co-ordinates the services available.

## Liaison with general practitioners

The arrangement mooted last year, whereby two health visitors were to be attached to Hulme House Group Practice where there are seven doctors, came into being early in 1967, and has vindicated the views of those who champion this type of liaison as being essential to really effective team-work in domiciliary care.

The scheme has worked very well and has shown how advantageous the arrangement is when the health visitor has a case-load relating directly to patients on the doctors' lists rather than one made up from a geographical area of the City.

The scope of the health visitors' work has widened to embrace the whole family and nowhere is it more apparent than in this group practice. As the health visitors are based at the surgery they are accepted as members of the team and are readily available for mutual referral of cases and for discussions. A particular advantage is that all records are on hand both to doctors and health visitors.

As more doctors form themselves into groups in the City the demand for the services of health visitors increases, but shortage of staff prevents any foreseeable wide growth in this experimental scheme. However, modified schemes are on the increase throughout the City and direct liaison with five doctors was established during the year, bringing the total number of doctors receiving formal liaison to 37, involving 19 health visitors.

Co-operation between doctors and health visitors is generally very satisfactory. There is an increasing awareness of the part that each has to play if patients are to benefit fully from the services available.

## Co-operation with the school health service

The health visiting record of every child of school age known to be suffering from a medical defect, to have an unsatisfactory family history, or unsatisfactory home conditions is sent to the school health service following the final visit of the health visitor.

A total of 604 records were forwarded, classified as follows:—

Unsatisfactory condition in child .. .. .	358
Unsatisfactory history in family .. .. .	8
History of tuberculosis in child .. .. .	2
History of tuberculosis in family .. .. .	236
	<hr/>
	604

Children with physical or mental defects	1967	1966
Total number of defective children 0–5 years on the register at the 31st December	1,062	1,060
Born during year .. .. .	143	145
Died during year .. .. .	84	69
Recovered during year .. .. .	62	27
Removed from City during year .. .. .	117	146

There were 183 children between the ages of 2 and 5 years referred to the school health service in accordance with section 34 of the Education Act, 1944.

Co-operation with the school health service will be further strengthened by the amalgamation of the nursing services as the health visitors will be responsible for all children, irrespective of age, in the homes they visit; it is hoped thereby to achieve improved continuity of care.

## Notification of congenital malformations apparent at birth

At the end of 1967 the total number of malformations reported as present at birth was 201, of which 155 were in live births and 46 in stillbirths. Notification of these congenital malformations was made to the Ministry of Health and uniformity of terminology was ensured by using the Ministry's classification.

	0	1	2	3	4	5	6	7	8	9	Total
	Central nervous system	Eye, ear	Alimentary system	Heart and great vessels	Respiratory system	Urogenital system	Limbs	Other skeletal	Other systems	Other malformations	
Live births	52	5	26	1	—	14	67	6	17	6	194
Stillbirths	52	—	7	—	—	—	9	1	3	1	73
Total ..	104	5	33	1	—	14	76	7	20	7	267

The 267 malformations classified above were in respect of 201 children, of whom 42 were born with more than one malformation.

## “At Risk” register

A register is kept of all children considered to be “at risk” of developing handicaps not apparent at birth, and such children are kept under close supervision by health visitors. The total of such children at the end of the year was 2,058.

Parents are encouraged to bring the children to the child welfare centre and every effort is made to ensure that they have a hearing test.

If a handicap or malformation is diagnosed the child is removed from the “at risk” register and placed on the register of handicapped children. Should the child develop normally it is the health visitors' responsibility to see that the child is removed from the “at risk” register.

## Notification of births, 1967

The total number of notifications adjusted by transfer was 11,676 comprising 11,448 live births and 228 stillbirths.

Total registered births number 11,531 (11,305 live births and 226 stillbirths)

## Care of aged and infirm persons

There were 476 new patients referred to the department and 11,646 visits made by the health visitors, compared with 626 and 12,754 respectively in 1966.

The following statistics include comparable data from 1966:—

	1967	1966
Voluntary admissions to hospital ..	184	256
Admitted to nursing home .. ..	9	8
Transferred to:—		
Welfare Services Department ..	109	117
Other services .. .. .	29	13
Died at home .. .. .	180	216
Removed to care of relatives ..	10	22
Compulsory removal under the		
National Assistance Acts .. ..	1	1
No further action necessary .. ..	65	17
No trace .. .. .	22	20
Removed outside Manchester area	39	18
Carried forward .. .. .	1,741	1,913
Total cases dealt with .. ..	2,389	2,601
Total visits .. .. .	11,646	12,754

Last year there was a further marked reduction in the number of aged and infirm persons referred to health visitors. This gradual reduction of cases over the years is due in large measure to the fact that there is no longer duplication of services. The cases dealt with, however, presented many weighty problems and proved very time-consuming for the health visitors involved.

Posters in clinics provided information on the services available, and the co-operation of the public in notifying health visitors of any elderly people in need of help was sought and obtained through lectures to various organizations.

The independence of elderly people is an obstacle to the provision of help and one which it is particularly difficult to overcome. This is especially the case where it is a matter of rehousing old people who, reluctant in the first place to leave their original homes, find their new residences bewildering. In these circumstances the health visitor needs great patience and understanding.

### Training course for health visitors

In September, 1967, the first course to include a period of approximately three months supervised practice was completed. This course was also the first to be housed in the new College of Commerce building in Aytoun Street, where facilities exist to enable a variety of teaching methods to be used.

Thirty-seven students enrolled for the course which began in September 1966. Twelve were sponsored by Manchester Corporation, one of these being seconded for training by the home nursing service. Unfortunately two students withdrew before the end of the first term.

Of the remaining thirty-five students, twenty-two passed the final examination at the first attempt. A wide variation in the ability of students was evident. Two students gained distinctions in paper two, one also gaining a credit in paper three. Three candidates gained credits in paper two and one in paper three.

Of the thirteen students who were referred, nine were referred in one paper, three in two papers and one in the oral examination.

Candidates referred in papers were re-examined in September 1967 and nine were successful. The examiners recommended that the three remaining candidates be given the opportunity of attending a further course of lectures relevant to their needs before re-entering the examination in June, 1968. The candidate referred in the oral examination was also recommended for re-examination in

June, 1968, for which she will have to prepare four new family studies and a project. The students have agreed to these proposals and their sponsoring authorities have supported their efforts by employing them meanwhile in the capacity of clinic nurses.

The candidate who was unable to re-enter the examination in September, 1966, due to sickness was successful in June, 1967.

Although the number of candidates accepted for training has declined slightly since the introduction of the new syllabus, the proportion of students possessing five or more "O" level passes in the G.C.E. is increasing. Another trend to be welcomed is that an increasing number of these students have spent at least one year in sixth form study at school.

All students satisfactorily completed their period of supervised practice with their sponsoring authorities, but there were considerable differences in the amount and variety of experience available to students.

Because the months of July, August and September are traditionally "holiday months" in this country, the organization of work, both in family visiting and in school and clinic situations, presents difficulties for the student which preclude a satisfactory introduction to health visiting practice. These difficulties are magnified in South-East Lancashire where an established pattern of "wakes" holidays are taken by the mill towns throughout the summer. Inter-related problems are those created by the limited time available during the course for practical experience and for the satisfactory completion of family studies and a project.

Students are taking an increasing interest in these studies and minor research projects, which, if prepared over a longer period, would be of greater value. These factors have indicated to the tutorial staff that, in this area at least, a year of practical experience after the completion of the academic course would be much more satisfactory. This would give the student a year in which to consolidate her skills and develop these further by guidance from experienced health visitors and attendance at study days once or twice each term.

Following the submission of the details of the training course to the Council for the Training of Health Visitors, approval was granted for a further period of five years from September, 1967, when the previous period of approval expired.

Thirty-five students enrolled on the course beginning September, 1967. Eleven are sponsored by Manchester Corporation, one being seconded from the home nursing service.

Early in the year tutorial staff participated as lecturers to a course for the preparation of houseparents, organized by the Children's Department.

In June, the Principal Tutor, Miss Hesketh, a valued member of staff since 1957, obtained a post as Senior Lecturer at the Bolton College of Education (Technical), where a course for the training of health visitor tutors has been established. The Manchester training course has continued to provide teaching and administrative experience for tutors attending Bolton and the staff welcome the expansion of tutor training in the North-West.

The national shortage of tutors was reflected in the lack of applicants for the post of assistant, advertised in June. The Health Committee seconded an experienced health visitor to the tutors course at the Royal College of Nursing and she is expected to return to the staff in July, 1968.

To meet the tutor/student ratio recommended by the Council for the Training of Health Visitors, a health visitor was seconded to the tutorial staff to assist in the training school.

Fieldwork instructors, appointed to give practical training to student health visitors when the new syllabus was implemented, found some difficulty in adapting their own experience of training to the new type of programme undertaken by students. This lack of knowledge in some aspects of the academic course was recognised, and a senior tutor at the Extra-Mural Department of the University arranged a series of lectures in sociology and the development of social policy. These lectures were arranged on a day-release basis and local health authorities were circularised. Most authorities seconded senior staff and fieldwork instructors to the first course and this proved so successful that three subsequent courses were arranged.

Most health visitors in the area have now had the opportunity of attending these lectures. The last course will be held early in 1968.

The tutorial staff have continued to hold meetings for fieldwork instructors, and have also visited groups of students in their fieldwork placements.

Co-operation between the education and the local health authorities providing practical experience has continued and it is hoped that the further development of fieldwork instructor training will continue to improve the preparation of health visitors.

## **Care of Mothers and Young Children**

### **Welfare centres**

A new purpose-built maternity and child welfare centre at Trees Street, Crumpsall, was opened in August. In addition to the usual facilities, the building incorporates a district nurses' suite, a home help organizer's office, a chiropody clinic and an office for a group adviser.

Plans were well advanced at the end of the year for the erection of a purpose-built combined clinic in Hulme and a purpose-built health centre, incorporating accommodation for seven general medical practitioners, in the Brunswick Redevelopment area.

### **Clinics**

Weekly clinics were held in the welfare centres as follows:—

Infants .. .. .	72
Toddlers .. .. .	28
Ante-natal .. .. .	30

Twelve children's sessions were taken by health visitors and seventeen ante-natal sessions by midwives. Except for one ante-natal session, taken by midwives on the second and third Wednesday of each month, all remaining sessions were attended by medical officers.

The decline in the number of patients attending ante-natal clinics enabled midwives to undertake additional duties, which included the taking of blood specimens at sessions not attended by a medical officer.

## Physiotherapy

A part-time physiotherapist who previously undertook the supervision of a weekly relaxation class resigned at the end of March; her duties then became the responsibility of a midwife.

There are now twenty-two weekly relaxation classes held throughout the City, each class supervised by a midwife.

## Domestic science classes

Sewing and cookery classes were continued at various child welfare centres under the guidance of trained teachers although, due to the resignation of a sewing teacher, the number of classes was reduced. At the end of the year eight sewing classes and seven cookery classes were being held weekly. One sewing and three cookery teachers were employed on a part-time basis.

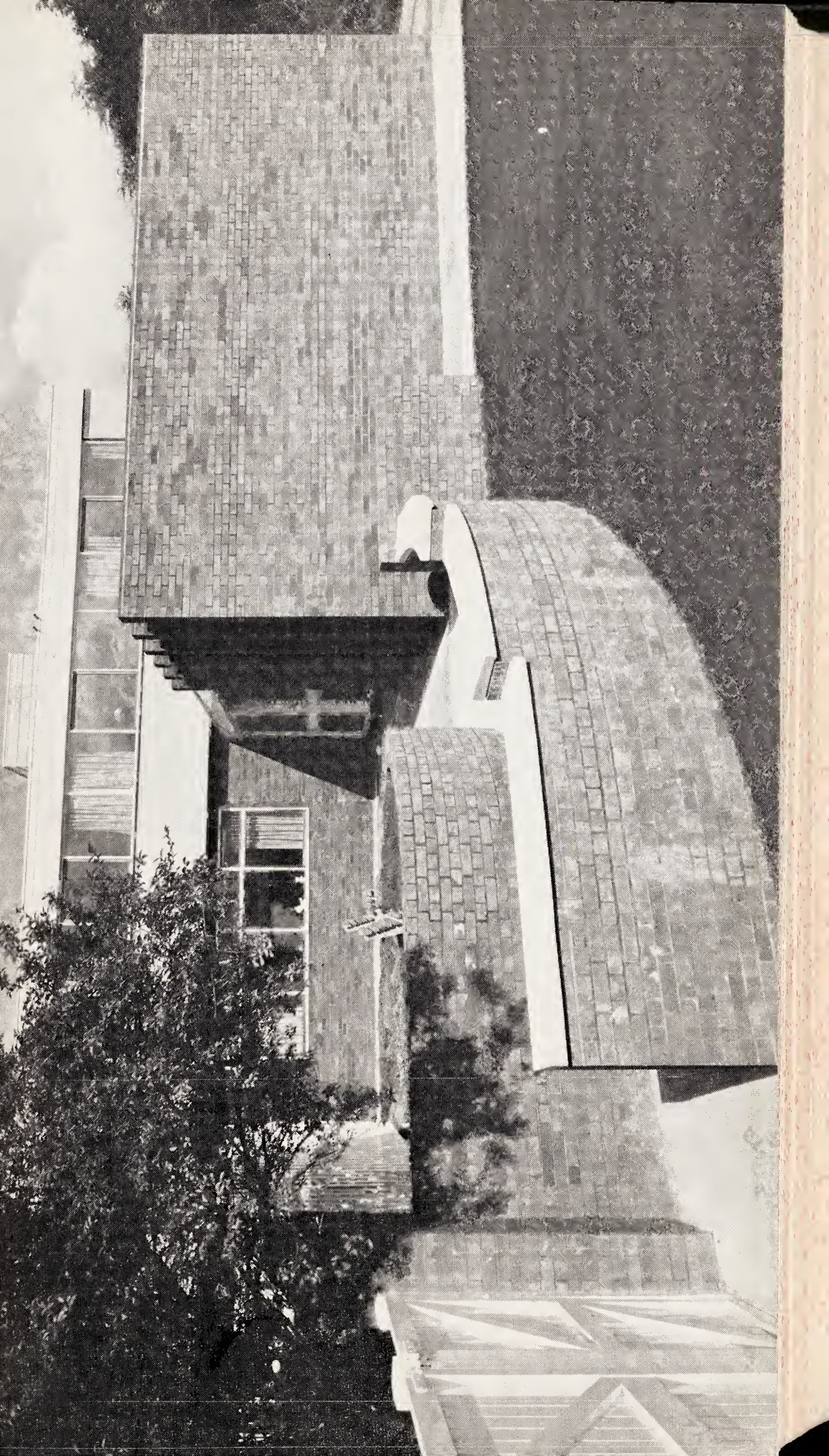
## Attendances

Attendances during 1967, with comparable figures for 1966, are given below:—

		1967		1966
<b>Infant and toddler sessions</b>				
Under 1 year .. .. .		80,783		81,074
1-2 years .. .. .	13,971	27,167	14,309	27,830
2-3 years .. .. .	6,833		7,185	
3-4 years .. .. .	4,148		4,104	
4-5 years .. .. .	2,215		2,232	
		<hr/> 107,950		<hr/> 108,904
<b>Ante-natal sessions</b>				
New cases .. .. .		3,352		3,973
All cases .. .. .		4,499		5,494
Attendances .. .. .		21,604		27,254
<b>Post-natal sessions</b>				
Cases .. .. .		12		11
Attendances .. .. .		12		11
<b>Relaxation and mothercraft classes</b>				
Attendances .. .. .		1,847		2,164
<b>Physiotherapy</b>				
Attendances .. .. .		226		376
<b>Artificial sunlight</b>				
New cases (children) .. .. .		17		28
All cases .. .. .		38		56
All treatments .. .. .		285		502

Most children's physiotherapy and all artificial sunlight treatment continued to be provided at school clinics. There was a decline in the number of children attending for artificial sunlight treatment, with a corresponding decrease in the number of treatments given. The decline in the number of attendances for physiotherapy continued.

With a higher proportion of hospital confinements and a falling birth-rate, there were again fewer patients attending the ante-natal clinics, with a corresponding reduction in the number attending relaxation and mothercraft classes.





Children attending child welfare centres

Centre	On register 1st January, 1967			New attenders during 1967		
	Under			Under		
	1 year	1 year	2-5 years	1 year	1 year	2-5 years
Abbey Hey .. .. .	376	243	311	481	92	147
Ancoats .. .. .	128	91	49	159	19	32
Ardwick .. .. .	145	93	132	173	24	41
Baguley .. .. .	180	97	170	226	41	93
Burnage .. .. .	179	140	229	230	15	30
Charlestown Road .. .. .	281	232	168	290	52	101
Cheetham .. .. .	362	348	370	462	50	95
Chorlton-on-Medlock .. .. .	35	26	46	43	6	7
Chorlton-cum-Hardy .. .. .	468	387	385	558	49	63
Clayton .. .. .	162	127	194	212	38	42
Collyhurst .. .. .	215	205	175	258	18	12
Crumpsall .. .. .	206	187	215	325	19	46
Darbishire House .. .. .	305	199	126	474	31	59
Didsbury .. .. .	260	180	403	332	46	58
Gorton .. .. .	340	317	292	424	25	76
Harpurhey .. .. .	417	251	243	456	21	20
Holy Name .. .. .	35	26	40	41	7	12
Hulme .. .. .	31	20	22	20	3	3
Levenshulme .. .. .	482	424	655	584	40	131
Moss Side .. .. .	621	381	384	739	84	115
Newton Heath .. .. .	258	203	237	324	62	84
Northenden .. .. .	114	115	146	173	9	46
Northern Moor .. .. .	135	97	166	177	31	51
Openshaw .. .. .	403	270	404	388	56	92
Plant Hill .. .. .	137	119	182	244	30	86
Wilbraham .. .. .	211	154	212	224	23	24
Withington .. .. .	369	246	359	429	32	62
Woodhouse Park .. .. .	356	287	344	490	95	101
Totals 1967 .. .. .	7,211	5,465	6,659	8,936	1,018	1,729
Totals 1966 .. .. .	7,429	5,473	6,815	8,961	924	1,671

Minor ailments

Eighty-six children under five years of age were referred by centre medical officers to the school medical service for the treatment of minor ailments. Reasons for referral were as follows:—

Defective vision .. .. .	44
Other eye defects .. .. .	1
Speech defect .. .. .	19
Debility .. .. .	3
Ear defect .. .. .	1
Skin condition .. .. .	15
Chiropody .. .. .	3

Welfare foods

The issue of national welfare foods (as distinct from proprietary welfare foods) from maternity and child welfare centres is not conditional on regular attendance at these centres. In addition to the twenty-eight maternity and child welfare centres, there are two other national welfare food distribution centres, one situated in a maternity hospital and the other in the basement clinic sited in the Town Hall extension.

Mothers attending the child welfare centres regularly were, on the recommendation of the centre medical officer, able to purchase certain proprietary brands of foods, while in necessitous cases these milk foods were supplied free of charge; the cost to the Corporation of free issues in 1967 was £1,372.

TREES STREET M. & C. W. CENTRE.  
DOCTORS' CONSULTING ROOM.

Issues of national welfare foods were as follows:—

<i>Period</i>	<i>National dried milk—tins</i>	<i>Cod liver oil —bottles</i>	<i>A. &amp; D. vitamin tablets— packets</i>	<i>Orange juice —bottles</i>
1962 .. ..	135,200	15,234	12,962	107,074
1963 .. ..	121,458	13,958	11,448	110,936
1964 .. ..	110,365	12,569	9,660	102,563
1965 .. ..	84,835	9,144	7,211	90,822
1966 .. ..	68,643	9,738	6,303	90,285
1967 .. ..	56,984	11,153	5,819	93,180

Figures do not include issues to hospitals, day nurseries or non-maintained nursery schools.

### Voluntary workers

Much appreciated voluntary assistance at maternity and child welfare centres was given by eight ladies who made 228 attendances.

### Mothers' clubs

To the mothers' clubs already flourishing at Northenden, Woodhouse Park and Baguley child welfare centres, a fourth was added during the year at Northern Moor centre.

This last club got off to a promising start with a large and enthusiastic membership. The aim of this as of all the clubs is to instruct as well as entertain, and while there were enjoyable outings, which took the mothers away for a while from the monotony of their daily chores, there were also talks, demonstrations, and lectures which all found practical and interesting.

It has been noticed that through the influence of the clubs, mothers often take a more active interest in the life of the community, one member for instance runs an over-60 group, another a play-group, whilst others take part in community help schemes or become foster-parents.

A local branch of the Save the Children Fund, an international organization, was formed to give help to less fortunate children.

These activities are characteristic of all the clubs and mothers find that membership helps them to widen their field of interest.

### Day nurseries

The number of day nurseries administered by the Health Committee remained at 21 throughout the year, providing places for 1,014 children.

Construction work is well advanced on the three permanent purpose-built buildings to replace wartime prefabricated temporary nursery premises in the Wythenshawe, Gorton and Miles Platting areas; it is expected that they will be completed during 1968.

Attendances were as follows (1966 in parenthesis):—

<i>0-1 year</i>	<i>2-5 years</i>	<i>Total attendances</i>	<i>Average daily attendance</i>
55,225 (56,742)	150,917 (148,072)	206,142 (204,814)	815 (810)

Waiting lists showed an increase over recent years. At the end of the year ten nurseries had waiting lists, two of which included priority children.

Although the cost of operating the day nurseries increased, the daily charges remained at 12s. 0d. for non-priority cases and 4s. 0d. for priority cases.

Two hundred and six children admitted for social reasons were granted free places for varying periods. The resulting benefit to both children and parents was encouraging.

Some of the nursery matrons have shown a keen interest in helping to rehabilitate mothers who became completely overwhelmed by their social problems. The mothers were encouraged to come into the nursery to observe and help with the care of their own children. Two mothers were sufficiently interested to attend for a short time, with the result that the children received better attention at home.

Fifty-four handicapped children attended for varying periods throughout the year. They included the following—four spastics, 12 mentally retarded, five deaf, two partially sighted, five physically retarded, two autistic, one coeliac disease, eight with speech difficulties, four epileptic, four congenital hearts, one spina bifida and one talipes. The remainder were admitted for behaviour problems. The degree of progress made by these children varied, but in all cases the resulting benefit to the parents was most rewarding.

One handicapped child was admitted to a nursery at four years of age from a very poor home. His father was serving a long-term prison sentence and the mother, of low intelligence and unable to read or write, suffers from a kidney complaint and had great difficulty coping with her seven children. On admission, this child presented a pathetic picture—unkempt, unwashed, his head infested with lice, rather withdrawn, he did not speak and displayed no interest or emotion in his surroundings. Eating seemed to be his only pleasure and he gave the impression of being mentally retarded. He attended for speech therapy, and mouth exercises were continued in the day nursery by the staff. After six months in the nursery he began to take an interest in his surroundings. He derived great pleasure from individual and communal play, showing interest in painting and constructive play and joining in with the singing and dancing. His speech had improved, though he still had difficulty in talking to strangers, and by his fifth birthday he had made such good progress physically, mentally and emotionally that he was accepted into an ordinary infants' school.

The response of this child to the improvement of environment and the care and stimulation he received while attending the day nursery soon made it clear that his handicap was due to his social background, rather than to any medical condition.

Another interesting case was that of J., a mentally retarded child with defective vision who attended one of the day nurseries for a period of 18 months. The parents of mixed nationality were separated. The mother was of low intelligence and completely incapable of looking after J. and a young baby. This family were accommodated at a residential hostel for homeless families, where J. spent most of his time in a cot. On admission at two-and-a-half years of age, he was unable to walk or talk and was dirty in toilet and feeding habits; he was completely disinterested in people and surroundings and displayed no emotion at all, but seemed to enjoy eating. On discharge from the nursery at four years of age he was able to feed himself, was toilet trained and responded to commands and affection from people he knew. He was also able to make up small sentences and repeat simple nursery rhymes, but would not respond or talk to people other than the nursery staff. J. is now attending a residential training centre for mentally handicapped children.

Medical officers continued their routine visits to carry out medical inspections and immunization programmes. The incidence of infectious diseases in day nurseries throughout the year is shown in the following table:—

	1967	1966
Measles .. .. .	180	328
Chicken-pox .. .. .	77	92
Mumps .. .. .	23	188
German measles .. .. .	26	53
Scarlet fever .. .. .	4	4
Whooping cough .. .. .	27	9
Sonne dysentery .. .. .	43	43
Flexner dysentery .. .. .	nil	7

Fifteen health department sponsored students successfully completed the two-year training course for the Nursery Nurse Examination Board Certificate. With the introduction of the new syllabus, in September 1966, the field of study was extended to cover the care of children from birth to seven years instead of from birth to five years. Students were given the option, during their second year of training, to do their practical work either with the five to seven year age group in infants' schools or in day nurseries with the six months to five year age group. Three health department sponsored students elected to spend their second year in infants' schools.

Senior staff who had the privilege of attending refresher courses and study days appreciated the opportunity for discussion with other workers in the day nursery field.

Visitors to day nurseries for observation and educational purposes numbered 737, an increase of 66 on the figures for 1966.

Vandalism continued to be a major problem. Nurseries were broken into on 75 occasions. The department appreciates the stoical and untiring efforts of the day nursery staff who clear up the indescribable chaos that follows these intruders' visits. Some nurseries have been broken into three or four times in one week and the clearing up process must often be done at night or in the early hours of the morning so that the children can be admitted as usual at 7.30 a.m. the following day.

## Care of the unmarried mother

The Health Department continues to give support to expectant mothers and mothers with babies who require specialised help.

The staff consists of three health visitors, two employed full-time and one part-time.

There were 1,863 illegitimate live births compared with 1,780 in 1966. There were 543 new referrals. Of these 305 were expectant mothers and 238 were mothers with children. Including cases brought forward from the previous years a total of 603 mothers and 690 children were assisted compared with 579 mothers and 753 children respectively in 1966. Forty-six of the 305 expectant mothers were pregnant when they came to reside in the City. Of these 305 expectant mothers, 31 were aged 15 to 16 years when they became pregnant, nine were 14 to 15 years of age and one was aged 13 years and 8 months.

The infant mortality rate for illegitimate children was 25.76 per thousand related live births compared with 30.90 in 1966.

Referrals came from the following sources:—

Health visitors .. .. .	99
General practitioners .. .. .	86
Medical social workers .. .. .	80
Self referred .. .. .	56
Social workers .. .. .	47
Children's Department .. .. .	22
Midwives .. .. .	22
Matron of Crossley Hospital .. .. .	11
Health visitors' reports .. .. .	110
Other sources .. .. .	10
Total .. .. .	543

The work of the section entailed the following number of visits and interviews:

Office interviews .. .. .	879
Home visits .. .. .	703
Visits to hospitals.. .. .	80
Interviews with health visitors and other social workers	298
Visits to Knowle House .. .. .	91
Total .. .. .	2,051

The classification of persons dealt with in the ante-natal period and the results of their confinements are as follows:—

Status of mother	Live births	Still-births	Miscarriage	Births pending	Parents married before birth of baby	Removals from Manchester	Totals
Single .. .. .	179	5	5	64	1	24	278
Married .. .. .	11	—	1	8	—	—	20
Widow .. .. .	3	—	—	—	—	—	3
Divorcee .. .. .	4	—	—	—	—	—	4
Totals .. .. .	197	5	6	72	1	24	305

The classification of illegitimate children remaining with their mothers is as follows:—

Status of mother	In lodgings or absorbed into family	With mother and putative father	With mother and step-father	With mother and another man	With mother in Knowle House 31.12.67	Parents sub-sequently married	Removal from Manchester address known	No trace	Deaths	Totals
Single .. .. .	418	37	—	4	5	17	13	19	8	521
Married .. .. .	23	4	5	—	—	—	—	4	—	36
Widow .. .. .	1	1	—	—	—	—	—	—	—	2
Divorcee .. .. .	10	2	—	—	—	—	—	—	—	12
Totals .. .. .	452	44	5	4	5	17	13	23	8	571

The classification of illegitimate children apart from their mothers is as follows:—

Status of mother	With adopters	In the care of the Children's Committee	In residential nurseries (private)	With putative fathers	With relatives	With foster mothers	Totals
Single .. .. .	85	12	1	1	5	11	115
Married .. .. .	2	—	—	—	—	—	2
Widow .. .. .	1	—	—	—	—	—	1
Divorcee .. .. .	1	—	—	—	—	—	1
Totals .. .. .	89	12	1	1	5	11	119

The action taken by the staff in assisting the girls involved various types of help and intensive casework. This included office interviews, home visits, hospital visits, arranging admissions to Knowle House, the Health Committee's mother and baby home, and accompanying mothers with babies to the home on their discharge from hospital.

Expectant mothers frequently required assistance to book a hospital bed for confinement and 59 were helped in this way.

Twenty-six mothers were assisted to find accommodation in the City and four were helped to find employment. Seventy-nine mothers were given advice in connection with affiliation orders and of these 37 were referred to solicitors for legal advice. One hundred and twenty-two mothers who requested help regarding the adoption of their babies were referred to various adoption societies; 95 of these mothers were assisted by Manchester Children's Department.

Fifty mothers were referred to the Ministry of Social Security for financial aid. Help was given to 62 mothers to obtain cots, prams and clothing.

Other duties included the instruction of various students regarding this aspect of the department's responsibilities.

### Mother and baby home, " Knowle House," Handforth

This home, provided by the Health Committee, has given accommodation and rehabilitation facilities to expectant mothers, mothers and babies and recuperating mothers; of 115 new cases admitted, 72 were expectant mothers, 40 were mothers with babies and 3 were recuperating mothers. Of the 72 expectant mothers admitted in the ante-natal period, 28 were re-admitted after the birth of their babies.

Accommodation in Knowle House was requested for various reasons, chiefly by girls living with their parents and wishing to conceal their pregnancy, also by girls living alone in furnished rooms or in lodgings.

Many girls found the period spent in the home very helpful as it enabled them to come to a decision as to whether or not to have their babies adopted. Several mothers changed their minds about adoption after the birth of their baby but 34 placed their babies with adopters.

The Matron and her staff gave the mothers instruction on child care and housecraft and a physiotherapist visited one a week to supervise ante-natal and post-natal exercises.

The Welfare Officer and her staff arranged the admissions and accompanied mothers with babies to the home.

There is accommodation for 22 mothers and 16 babies. The age ranges of the mothers varied from 14½ years to 42 years.

There were 8 girls under 16 years of age but the majority were from 17 years to 20 years of age.

Admissions and discharges were as follows:—

	<i>Number in the home on 1st January 1967</i>	<i>Admissions (including re- admissions)</i>	<i>Discharges</i>	<i>Number in the home on 31st Decem- ber 1967</i>
Babies .. ..	7	72	74	5
Mothers .. ..	6	70	71	5
Expectant mothers ..	2	82	77	7
Recuperating mothers	—	3	3	—

The following particulars show the arrangements made for the 74 babies discharged.

<i>Babies remaining with mothers:—</i>					
to relations	..	..	..	..	21
to lodgings	..	..	..	..	9
to hospital	..	..	..	..	1
to residential employment	..	..	..	..	1
<i>Babies apart from mothers:—</i>					
to adopters	..	..	..	..	34
to foster mother	..	..	..	..	5
to hospital	..	..	..	..	1
<i>Babies with recuperating mothers</i>	..	..	..	..	2

### Dental care of mothers and young children

This service, provided by the school dental service, occupied the equivalent time of one and three-quarter dental officers. Comprehensive treatment was available at eighteen centres for all cases referred by medical officers and general practitioners and for mothers seeking treatment themselves or for their young children.

No new clinics were opened during the year, but detailed planning of a new health centre and a new combined clinic, each with dental departments, has reached an advanced stage, and building should start in 1968.

It was necessary to close Bradford Dental Clinic at the end of the year, for demolition purposes; the clinic, in a redevelopment area, was on the site of a new school, the building of which is due to start early in 1968. To cover the 3,000 pupils and pre-school children and mothers in the area a dental caravan is to be provided and sited at a suitable school. Treatment provided again shows, in comparison with previous years, a slight overall decrease in number of patients, both of mothers and young children treated and a similar decrease in the amount of treatment provided. Dental health talks, films and demonstrations were arranged for mothers.

The tables that follow give details of the work done.

# Dental Services For Expectant and Nursing Mothers and Children Under 5 Years

## Part A. Attendances and treatment.

Number of visits for treatment during 1967

	Children 0-4 (incl.)	Expectant and nursing mothers
First visit	697	228
Subsequent visits	920	600
Total visits	1,617	828
Number of additional courses of treatment other than the first Course commenced during year	51	21
Treatment provided during the year— number of fillings	1,012	558
Teeth filled	843	463
Teeth extracted	1,116	620
General anaesthetics given	411	121
Emergency visits by patients	80	11
Patients X-rayed	11	42
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	127	120
Teeth otherwise conserved	113	—
Teeth root filled	—	9
Inlays	—	1
Crowns	—	2
Number of courses of treatment completed during the year	549	220

## Part B. Prosthetics

Patients supplied with full upper or full lower (first time)	41
Patients supplied with other dentures	47
Number of dentures supplied	134

## Part C. Anaesthetics

General anaesthetics administered by dental officers	322
--	-----

## Part D. Inspections

	Children 0-4 (incl.)	Expectant and nursing mothers
Number of patients given first inspections during year	756	221
Number of patients in A and D who required treatment	639	218
Number of patients in B and E who were offered treatment	639	217

## Part E. Sessions

Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:

For treatment	776
For health education	30

All children in attendance at mental health junior training centres were inspected during the year. Treatment was provided for those whose parents desired it, including conservative treatment under intubation anaesthesia for the very severely handicapped children.

# Nurseries and Child Minders Regulation Act, 1948

Five child minders were registered during the year and three persons on the register discontinued child-minding. Eight premises were registered as day nurseries. Two premises were in the process of being registered at the end of the year.

Particulars of premises and daily minders on the register are shown in the following table:—

	Premises registered at end of year	Day minders registered at end of year
Number .. .. .	21	17
Number of places .. .. .	543	162

Of the ten premises registered, or in the process of being registered during the year, eight in church or sunday school buildings and one belonging to “The Save The Children Fund” are providing play group facilities for children aged 2 to 5 years on a sessional basis, and one is a nursery in flat accommodation provided by a voluntary organization for unmarried working mothers and their babies.

Reports of illegal day-minding continued to be received. Appropriate action was taken but no prosecutions were instituted.

## Home Nursing

The last two years have seen the inception of several new services. In the field of hospital liaison and after-care, two new schemes, involving the co-operation of district nursing sisters, have been introduced:— after-care for the aged and handicapped persons discharged from Crumpsall Hospital in August, 1966, and liaison with Wythenshawe Hospital in September, 1967. In February, 1967, the night nursing service came into operation on the south side of the City, as a result of careful assessment of needs and much planning. A twenty-four hour service of home nursing was at last operative, although so far only for two-thirds of Manchester’s population.

### Statistics—general nursing

	1967	1966
Patients on books 1st January .. .. .	3,105	3,064
New cases attended .. .. .	8,985	9,140
Total cases nursed .. .. .	12,090	12,204
Total nursing visits .. .. .	336,495	324,854
Total visits by bath attendants .. .. .	19,822	19,188

### Classification of patients and nursing visits 1967

	Patients	Visits
General nursing .. .. .	4,216	142,102
Injections .. .. .	4,380	124,156
Dressings .. .. .	2,159	54,914
Miscellaneous .. .. .	1,335	15,323
Totals .. .. .	12,090	336,495

Classification of new cases											1967
<i>Diagnosis</i>											
Heart disease	..	..	..	..	..	..	..	..	..	..	836
Malignant disease	..	..	..	..	..	..	..	..	..	..	758
Bronchitis	..	..	..	..	..	..	..	..	..	..	305
Tuberculosis	..	..	..	..	..	..	..	..	..	..	131
Other respiratory disease	..	..	..	..	..	..	..	..	..	..	299
Multiple sclerosis	..	..	..	..	..	..	..	..	..	..	100
Hemiplegia	..	..	..	..	..	..	..	..	..	..	384
Diabetes	..	..	..	..	..	..	..	..	..	..	110
Anaemia	..	..	..	..	..	..	..	..	..	..	872
Rheumatoid arthritis	..	..	..	..	..	..	..	..	..	..	186
Foot care	..	..	..	..	..	..	..	..	..	..	44
Miscellaneous	..	..	..	..	..	..	..	..	..	..	4,960
Total .. .. .											8,985
<i>Age groups</i>											
0- 4 years	..	..	..	..	..	..	..	..	..	..	1967
5-14 „	..	..	..	..	..	..	..	..	..	..	1966
15-64 „	..	..	..	..	..	..	..	..	..	..	
65 and over	..	..	..	..	..	..	..	..	..	..	
Totals .. .. .											

No comparative statistics for 1966 can be given in some of the foregoing tables due to changes in the method of classification.

### Night nursing service

Towards the end of February, 1967, an all-night nursing service was introduced in the south of the City. It had been intended to cover the remainder of the City with a third nurse, but unfortunately it was not possible to recruit the additional nurse.

Under this scheme two senior nursing sisters visit patients in their own homes to give urgently needed treatment and nursing care. Patients are referred for night nursing visits by the day staff who are already in attendance.

Visits are made for the following reasons:—

To give pain relieving drugs or sedatives, mostly by injection, enabling these to be spread over the 24 hours, at 6 or 8 hourly intervals. In many such cases the night nurse's visit gives a patient suffering from a very painful illness the chance of a few hours sleep during the night.

To give nursing care to gravely ill patients, including those suffering from terminal illness.

To treat incontinence more frequently, with the aim of preventing or healing pressure sores.

Attendance on some aged sick patients who are also mentally confused and living alone. Many such patients refuse to enter hospital, or if willing cannot be admitted for several days.

During the year 212 patients received attention from the night nurses, who made 3,854 visits, an average of 12½ visits per patient per night. On some nights up to 60 miles were covered by one nurse; both nurses use their own cars.

One of the problems experienced was the difficulty of gaining access to patients' houses where there is no one available to admit the nurse. In such cases ways have to be found for the nurse to gain access.

The night nursing service has proved of benefit not only to patients but also to relatives. An elderly husband or wife, or a married daughter with her own family, can rest at night with greater peace of mind knowing that their patient will receive attention. Other relatives who sit up at night with a gravely ill patient obtain much comfort and moral support from the nurse's visit.

Much heartening evidence of appreciation and gratitude has been received and one cannot doubt that the introduction of this service has been a great step forward.

### **Liaison with Wythenshawe Hospital**

In July, 1967, the Matron of Wythenshawe Hospital approached the department with a request for closer liaison between the hospital and the district nursing service for patients due to be discharged from hospital. This approach was welcomed for it had often been felt that more information from the hospital nursing staff was needed. Subsequently, a senior Queen's nursing sister with a health visitors qualification was appointed to do this work. Before starting her duties the sister spent a fortnight working in the hospital on the various wards and departments meeting members of the nursing and medical staff and others including the medical social worker and chief medical records officer.

The liaison nursing sister visits the wards twice weekly discussing with the ward sister patients about to be discharged and needing further nursing care at home. A variety of patients with medical and post-operative conditions are referred and their nursing needs and home circumstances are discussed fully. The sister sees all patients before they are discharged, reassuring them and talking-over their problems and anxieties. All relevant information is passed on to the area district nurse. In every case the hospital informs the general practitioner when his patient is being discharged to home nursing care.

Since September, 43 patients have been referred by the hospital and the district nursing staff has been able to cope adequately with these cases. Of these patients 15 were children under 14 years of age. None of the patients had to be re-admitted to the hospital.

The service has already shown real benefits. It enables patients to be discharged earlier than would otherwise have been possible and in most cases recovery is speeded by the patient's early return to his family environment. The hospital service also benefits by the earlier release of a bed.

Patients have been able to have sutures removed and simple dressings done at home instead of returning to hospital for out-patient treatment. Patients are saved effort and inconvenience, not to mention the expense of bus fares or alternatively the cost of ambulance transport.

This scheme has been of great value to the district nursing staff. They can go into the patient's home knowing the full case history and hospital treatment as well as his social background. The resulting continuity of care is of benefit to both patient and nurse.

### **After-care of aged and handicapped patients discharged from hospital**

This is the first complete year of the scheme arranged with Crumpsall Hospital authorities for the after-care of aged and handicapped patients. Weekly meetings are held at Crumpsall Hospital, attended by the liaison district nursing sister, health visitor and welfare officer, at which the future discharge of patients is discussed with the consultant geriatrician and a medical social worker.

The patient is visited at home, where possible on the same day as discharge from hospital, and the immediate needs ascertained, i.e. that food, warmth and a bed are near at hand. Subsequently, daily, or more frequent follow-up visits are made in the following weeks.

Some patients require nursing assistance varying from general nursing care to injections or dressings; others need intensive supervision and support. The patient is reassured by having someone to answer questions, and who will offer practical advice and visit frequently in the period of adaptation to the change from hospital to home environment.

During the year, 127 patients received follow-up care from the district sister and 1,573 visits were made. Thirty-eight patients are still being followed-up.

#### *Results of cases closed*

Recovered .. .. .	33
Admitted to hospital .. .. .	10
Died .. .. .	10
Admitted to Part III accommodation .. .. .	6
Admitted to religious houses .. .. .	3
Removed from the area .. .. .	2
Transferred to district nurse .. .. .	17
Transferred to health visitor .. .. .	1
Patients referred for assessment only .. .. .	7
	—
Total .. .. .	89
	—

#### **Domiciliary care of feet**

During the last four months the district nurses became increasingly involved with the care of feet. This was brought about by the increasing number of aged persons requesting domiciliary foot treatment. The chiropody service was no longer able to cope with the ever growing waiting list.

It was therefore decided to bring in the district nursing service to assess the need for foot care, especially as many of these patients were already receiving regular nursing attention from the district nurse. From September, 1967, all requests for domiciliary chiropody were referred to the home nursing service in the first instance for screening. Patients requiring only simple attention to their feet, such as toe-nail cutting, were kept under the care of the home nursing team, whilst those with foot abnormalities were referred to the chiropodist for specialist attention at home or chiropody clinic.

The district nurses visiting on referral can assess many other needs of these old people. She can provide additional home nursing care or refer the patient to other services as required, e.g. meals-on-wheels, home help, health visitor for family problems or Welfare Services for other needs.

#### **Geriatric screening clinic**

To assist old people in the north of the City, who were on the waiting list for clinic treatment by the department's chiropody service, it was decided to set up a screening clinic at Beech Mount District Nurses' Centre, Harpurhey, and patients were invited to attend.

Ten weekly sessions were held and a total of 119 patients attended. One of the main aims of the clinic was to determine their need for chiropody treatment. At the same time patients were screened for defective vision, hearing, skin lesions, in addition to urine testing and, if necessary, appropriate referrals were made to the general practitioners. Included in such referrals were seven patients with glycosuria. Advice on footwear, health problems and diet was given by the hospital liaison district nursing sister.

Patients requiring chiropody were referred to chiropody clinics in the area; those needing simple toe-nail cutting only were treated by nursing personnel and given a two-monthly appointment to return. Of the 119 patients attending, 64 were in need of chiropody, 31 needed toe-nail cutting, 9 needed no attention and 15 were receiving chiropody treatment privately.

**District nurse attachment to general practitioners' group practices**

During the year the doctors of six group practices requested the services of a district nurse for the nursing care of their patients and for certain surgery treatments. After the slow start of previous years, this form of co-operation between general practitioner and district nurse is attracting more interest. The requests were accepted and district nurses were attached to group practices in Cheetham Hill, Higher Openshaw, Gorton, Rusholme, Peel Hall and Woodhouse Park.

Special arrangements were worked-out for the district nurse to attend the doctor's surgery for approximately one hour daily for the purpose of dressings and injections. She also gives home nursing care to patients of the group practice. The opportunities afforded for mutual consultation between doctor and nurse are of great benefit to everyone concerned, not least the patient.

**Staff**

The staffing position throughout the year has again improved.

**Position at 31st December**

	1967	1966
Queen's superintendent .. .. .	1	1
Queen's deputy superintendent/tutor .. ..	1	1
Queen's assistant superintendents .. .. .	4	4
Queen's sisters .. .. .	69	69
Queen's male nurses .. .. .	5	7
Student district nurses .. .. .	5	3
State registered nurses .. .. .	25	24
State enrolled nurses .. .. .	25	19
	<hr/>	<hr/>
Total number of staff employed .. ..	135	128
	<hr/>	<hr/>
Equivalent whole-time strength .. ..	119	112.5

It will be noted from last year's report that twelve enrolled nurses had resigned during 1966. By contrast in 1967 the number of enrolled nurses was increased by six.

The loss of two male nurses is much regretted, but it is hoped to recruit replacements to the service in the coming year.

**Training**

The Manchester District Nurse Training School conducts training courses for Queen's district nurses, State enrolled nurses and bath attendants. It also participates in the training of the community nurse students of Manchester University Diploma Course as well as hospital student nurses.

**Queen's District Nurse training course**

Three courses of training were completed, leading to the examination for the certificate awarded by the Queen's Institute of District Nursing and the National Certificate, awarded by the Ministry of Health. Sixteen Manchester students were joined by thirty-one students from Bolton, Bury, Rochdale, Salford and Stockport. All the Manchester students were successful, one student gaining distinction.

The work of the tutor was supplemented by specialized lectures given by senior medical staff of the Health Department, experienced officers from the Welfare Services Department and other local authority departments, hospital consultants and general practitioners and the sister-in-charge of the Crumpsall Psychiatric Day Hospital. The part played by these lecturers in the training of district nurses is greatly appreciated.

**Enrolled nurses**

A ten-week course of in-service training for state enrolled nurses was given, terminating with a written and practical assessment. A weekly study-day was held during the course which, in the main, was of a practical nature. The participating authorities were Manchester, Bolton and Bury. Six nurses were successful in gaining the certificate for enrolled nurses, awarded by the Queen's Institute of District Nursing.

**Diploma in Community Nursing—Manchester University**

Students come each year of their four years' training course for varying periods of practical nursing experience, so that district nurse training is integrated with general nurse training. The main features of this training are observation, supervised home nursing, practical demonstration and group discussions.

**Hospital nurse training**

Student nurses and pupil nurses from all the hospitals in Manchester accompany a district nurse for a one day visit of observation and have a general talk on the service. One hundred and ninety student nurses and twenty pupil nurses visited the section during the year.

**Refresher courses**

Several members of staff attended refresher courses appropriate to their position and responsibility in the service.

The Deputy Superintendent/Tutor took part in a course on in-service training arranged by the Royal College of Nursing and National Council of Nurses; one area superintendent in a course on management, arranged by the Queen's Institute of District Nursing; two senior nurses and a male nurse attended a practical work instructor's course, whilst eight Queen's nurses went to general refresher courses arranged by the Queen's Institute of District Nursing.

**Transport**

During the year 77 members of the staff were using their own cars, 12 more than in the previous year; of this total 10 availed themselves of the Corporation's assisted car purchase scheme. In addition, 10 mini vans and 2 cars were provided, giving a total of 89 car drivers out of a staff of 147 nurses and bath attendants. Four nurses rode their own scooters whilst 48 covered their district on bicycles; 34 of the bicycles were provided by the Corporation.

**Statistics—ophthalmic nursing**

	1967	1966
Patients on books 1st January .. .. .	266	248
New cases attended .. .. .	1,164	1,100
Total cases nursed .. .. .	1,430	1,348
Total nursing visits .. .. .	8,944	8,451

As in previous years ophthalmic nursing sisters have been engaged in the specialised field of ophthalmic nursing.

Sources of reference

General practitioners .. .. .	14
Health visitors .. .. .	743
Child welfare centres .. .. .	33
Midwives .. .. .	374
	<u>1,164</u>

All but a few of these cases were infants and young children under five years of age.

The main conditions treated were conjunctivitis (624 cases) lachrymal obstruction (455 cases) purulent conjunctivitis (58 cases) and ophthalmic neonatorum (14 cases).

Six cases of gonococcal infection were reported compared with only two during the previous year.

## **Home Help Service**

During 1967, the establishment of 201 whole-time employees working a 40-hour week and 300 part-time employees working a 22-hour week remained unchanged. The supervisory staff consisted of one Organizer and five assistant organizers.

### **Recruitment**

Recruitment of staff did not present any great difficulty and it was possible to be more selective in making appointments to this service, which requires reliable women who are good housewives and capable of using initiative when faced with problems.

Unfortunately, the staff turnover remained high; 70 whole-time and 103 part-time home helps were recruited, and 53 whole-time and 134 part-time home helps resigned; 20 sessional workers were appointed and 11 resigned.

### **Training and work**

In-service courses of training have continued to be held twice yearly, in spring and autumn. The courses are attended by new recruits and also by experienced home helps as a revision course.

Lectures by health visitors, midwives, district nurses, public health inspectors, welfare officers and representatives from the Ministry of Social Security ensured that the home helps were aware of the health and welfare facilities available in the City. This enabled them to play their full part as members of the health team. Other talks were given on the principles of nutrition, invalid cookery, family budgeting, first-aid and home nursing.

Group meetings of home helps in each of the six districts were held quarterly to provide an opportunity for informal discussion and for the home help organizer to maintain personal contact with the staff.

Of great value to the service has been the continued attachment each month of a male and a female police cadet. Patients have enjoyed the visits of young and sympathetic people. The cadets themselves have found the experience enlightening and, to a busy home help, an extra pair of willing hands has been very acceptable.

No diminution of demands upon the service occurred. All applications were assessed by the organizer or her assistants both in relation to medical and social need to ensure that the limited number of home helps was deployed to the best advantage.

The organizing staff made 6,326 visits to applicants for help and to homes where help was being provided, and to the homes of prospective home helps.

The number of households assisted is detailed in the following table:—

	<i>No. of households</i>
Persons under 65 years	
Chronic sickness and tuberculosis .. .. .	314
Maternity, including expectant mothers .. ..	116
Others .. .. .	232
Persons 65 years and over .. .. .	3,138
Total.. .. .	<u>3,800</u>

Close liaison has been maintained with other sections of the Health Department, the Welfare Services Department, family doctors, hospital almoners and voluntary organizations throughout the City, as the following table illustrates:—

<i>Source of new applications</i>	<i>Cases of acute sickness, old age and infirmity</i>	<i>Confinement cases</i>
Personal .. .. .	340	113
Health visitors and staff of maternity and child welfare centres .. ..	323	75
Medico-social workers .. .. .	468	3
Medical practitioners.. .. .	632	—
Welfare Services Department .. ..	299	—
Mental Health Services Division ..	10	—
Home Nursing Service .. .. .	186	—
Members of City Council .. .. .	11	—
Ministry of Social Security .. ..	72	—
Children's Department .. .. .	13	—
Chest Clinic.. .. .	2	—
Council of Social Service .. .. .	28	—
	<u>2,384</u>	<u>191</u>

Formal liaison schemes between the hospital service, family doctors and the home help service have not been set up but there is close co-operation between them on an informal basis.

The work of a home help is not always of a purely domestic nature, as she is frequently called upon to care for someone seriously ill and this point is illustrated by the following table which analyses, by diseases, the types of new cases attended in 1967:—

	<i>No. of cases</i>
Malignant neoplasm .. .. .	79
Blindness or other physical handicap .. ..	96
Disease of the circulatory system.. .. .	334
Disease of the respiratory system (other than tuberculosis).. .. .	128
Vascular disease of the central nervous system	74
Post-operative disorder .. .. .	134
Pulmonary tuberculosis .. .. .	4
Rheumatism .. .. .	171
Other illness .. .. .	206
Old age and infirmity .. .. .	313
Confinement .. .. .	108
Psychological disorder .. .. .	6
Problem family .. .. .	2
	<u>1,655</u>

### **Night-sitting service**

A night-sitting service is provided. As a rule, assessment of need is made by the area superintendent, district nurses. In most cases the patients were suffering from a terminal illness, many lived alone but in a few cases the home help relieved relatives suffering from strain through lack of sleep. Thirty-two patients received a night-sitter on a total of 71 nights. Instruction on the care of bedfast patients by a senior district nurse was of special value to the home helps who staff the night-sitting service.

### **Rehabilitation of problem families**

During the year, a service was introduced to assist in the rehabilitation of selected problem families. The aim of the service is to give intensive help to the family for a period of up to three months, gradually reducing the help as the family learns to become self-supporting.

Home helps have been trained to teach parents how to organize their housework and carry out their daily household duties. They teach by example, working alongside the mother; the home help accompanies the mother shopping and to the infant welfare clinic. For the success of this scheme an important factor is the willingness of the family to co-operate and accept practical training.

A typical example of successful rehabilitation is shown by the following case which was referred to the department by an officer of the N.S.P.C.C. The family consisted of young and inexperienced parents with three children (3 years, 2 years and 6 months), living in a house scheduled for early demolition. The property was substandard and the conditions inside the house appalling, no effort being made by the mother to carry out normal household duties. The father, although pleasant and kind to his family, was unable to retain a job for any length of time owing to an inability to get up in the morning. Relations had come to the rescue on numerous occasions but had now refused any further assistance. Fortunately, the family was allocated a Corporation flat and, after discussion, they welcomed the offer of practical help and guidance from the Health Department. A home help attended full-time and very quickly the mother learned how to run her home, balance her budget and the whole family got into the routine of rising in good time in the mornings, though for a considerable period the N.S.P.C.C. officer undertook the job of waking the father in the morning. The effect of help on this family was impressive and in a very short time they began to take a pride in their home, personally undertaking the redecoration of the inside of the property.

This illustrates well the role of the home help in rehabilitating a family which faced disaster largely because of ignorance and apathy.

### **Typical examples of normal cases**

(1) A father with seven children between the ages of 14 years and 2 years, deserted by his wife, was experiencing great difficulty in arranging for the care of the family in the mornings and afternoons and at holiday times. Arrangements were made for a home help living near to call each morning to see the children off to school and in the afternoon to care for the family until the return of the father from work.

In holiday periods extra help has been provided, thus enabling the family to remain as a complete unit and the father to remain in full-time employment.

The home help with this family is now acting almost as a foster mother for the children without the disadvantage of moving them from their own home to strange surroundings.

These arrangements will be maintained as long as the need for the home help exists.

(2) A lady, first visited in 1959, when 79 years of age, was totally blind and rather lame as the result of an old fractured femur. She lived in a very clean upper flat on a Corporation estate. Her only relative was a niece living near who visited occasionally when her own family commitments permitted.

From 1959 to 1968 this patient has relied entirely on the home help service to enable her to live in her own flat and she was quite adamant that she did not want to go into Part III accommodation or a home for the blind. For nine years she had daily help, for which she was always very appreciative.

In 1965, the niece died suddenly. This greatly distressed the patient since it left her without any close relatives and thus made the provision of a home help even more essential.

Towards the end of 1967, the patient became more feeble and totally bedfast. Home nurses visited three times during the day and twice at night and a home help went daily, including Sundays. At the beginning of 1968, the patient at last consented to go into hospital and was later admitted though still very determined to return home if she recovered.

But for the domiciliary services she could never have maintained herself in her own home and kept her cherished independence until the age of 88 years.

### Midwifery

The decrease in home confinements and the increase in the number of mothers and babies discharged home early following hospital delivery continued during 1967. There were fewer births to Manchester mothers, associated with a further decrease in the birth rate.

#### Radio-telephones

The system of radio-communication, introduced in 1966, continues to be of great benefit to the domiciliary midwifery service. Midwives working on the district can be contacted speedily, thus conserving the time of staff who formerly had to be kept on call in case of emergency. Now a midwife can quickly contact the central control point when in need of advice or medical assistance.

However, some technical difficulties have been experienced. In a small area of the City transmission and reception has been poor, and in all areas intermittent interference has, on occasions, caused serious communication problems. It is hoped these faults will soon be rectified.

#### • Notification of intention to practise

The sources of the 363 notifications of intention to practise were as follows:—

<i>Municipal midwives</i>	<i>Employed on an agency basis</i>	<i>Maternity homes having no resident medical officer</i>	<i>Training institutions</i>	<i>Independent midwives</i>	<i>Total</i>
80	8	28	247	nil	363

Supervision of midwives

This statutory duty is undertaken by the supervisor of midwives and two assistants.

Visits were made as follows:—

To hospitals and nursing homes .. .. .	80
To midwives in their own homes .. .. .	86
To ante-natal and mothercraft classes .. .. .	178
Supervision of nursing and labour visits .. .. .	400
Routine inspection of records .. .. .	182
Investigations .. .. .	5
Meetings and lectures attended .. .. .	17
Visits to general practitioners .. .. .	6
Evening visits to ambulance depot re night rota system ..	9
Lectures given .. .. .	8
Visits to other health departments .. .. .	4
Pupils' examinations .. .. .	11

The supervisor of midwives acted as an examiner to the Central Midwives Board examination on three occasions.

Municipal midwives

The establishment provides for 79 midwives but at the end of the year there were 58 full-time and 4 part-time midwives in post. There were in addition 3 full-time and 1 part-time midwives employed on an agency basis by the St. Mary's Hospital extern service.

There has been no difficulty in the recruitment of new staff. Many applications by midwives to join the staff could not be considered as few vacancies occurred. The decrease in home confinements resulted in fewer deliveries per midwife, but other duties undertaken by the midwifery staff have meant a change in their work pattern.

There were 3,352 expectant mothers who booked a midwife for home confinement; there were 920 cancellations for the following reasons:—

	<i>Number of mothers</i>
Transferred to hospital .. .. .	729
Removed from Manchester .. .. .	110
Miscarried .. .. .	31
Not pregnant .. .. .	11
Unsuitable home .. .. .	39

The admissions to hospital were accounted for as follows:—

	<i>Number of mothers</i>
Unclassified .. .. .	176
Medical reasons .. .. .	77
Rhesus negative with antibodies .. .. .	30
Anaemia .. .. .	18
Premature labour .. .. .	21
Post-maturity .. .. .	87
Pre-eclampsia .. .. .	46
Ante-partum haemorrhage .. .. .	78
Malpresentation .. .. .	95
Multiple pregnancy .. .. .	20
Early rupture of membranes .. .. .	28
Delay in labour .. .. .	53

## Ante-natal care

Midwives made 4,070 attendances at ante-natal clinics compared with 4,019 in 1966, a total of 30 sessions being held weekly in 23 maternity and child welfare clinics. Due to the decrease in home bookings, midwives were able to undertake additional duties at ante-natal clinics. At 17 clinics midwives now take the necessary blood specimens, and duties previously performed by health visitors are now conducted by midwives.

Twenty-two mothercraft and relaxation classes were held each week in maternity and child welfare clinics, talks being given by both midwives and health visitors. Eight general practitioners, with a midwife present, now hold ante-natal clinics in their own surgeries, while two general practitioners hold special sessions for their patients at a maternity and child welfare centre. It is hoped that the number of such combined clinics will increase in the future.

Ante-natal visits paid to expectant mothers in their own homes totalled 12,379. These included visits paid, at the request of hospital staff, to patients who had defaulted from hospital ante-natal clinics.

## Deliveries

There were 15,106 births notified in the City; 4,104 of these births were to mothers normally resident outside Manchester while 674 births occurred outside the City to mothers normally resident in Manchester. Of babies born to Manchester mothers, 21·8 per cent were delivered at home.

The analysis of births in the City, according to the place of confinement, is as follows:—

<i>Domiciliary confinements</i>			<i>Institutional confinements</i>		<i>Total</i>
<i>Municipal midwives</i>		<i>St. Mary's district</i>	<i>Institutions</i>	<i>Maternity homes—without a resident medical officer</i>	
<i>Doctor booked</i>	<i>Doctor not booked</i>				
2,367	65				
		115	11,622	937	15,106

## Equipment and analgesia

Trilene analgesia was administered to 1,838 mothers and gas and oxygen analgesia to 28. All midwives are equipped with a trilene apparatus and one midwife with gas and oxygen equipment.

## Early discharge following hospital delivery

All mothers and babies discharged home on or before the 8th day were attended by the domiciliary midwife until at least the 10th day, and longer if necessary. There were 5,885 such discharges, an increase of 466 over 1966. The staff of St. Mary's Hospital extern service visited 956 of these mothers.

The following table gives comparative figures:—

Year	Number of mothers, by day of discharge from hospital after delivery								Totals
	1	2	3	4	5	6	7	8	
1961	57	155	239	260	384	917	869	667	3,548
1963	43	365	514	691	597	758	564	515	4,047
1965	14	201	1,005	748	870	1,073	680	383	4,974
1966	16	181	1,113	729	807	1,052	921	600	5,419
1967	10	143	1,393	1,028	815	996	738	762	5,885

The system of the early discharge of mothers and babies was introduced some years ago because of the shortage of hospital maternity beds. Despite the increase in the number of hospital beds within the City, and fewer deliveries of Manchester mothers, the proportion of early discharges has continued to increase. This policy, which cannot be wholly recommended as desirable, will need to be reviewed when the expected further increase of hospital beds occurs in the future.

Home investigations and visits

Midwives made 5,730 visits (an increase of 561 on 1966), at the request of the hospital authorities, to assess whether early discharge was possible or whether the home was suitable for home confinement for medically fit expectant mothers.

Other visits by domiciliary midwives:—

Nursings . . . . .	36,996
To patients discharged from hospital . . . . .	22,423
To patients in early labour . . . . .	3,193

Training and educational activities

Eight midwives received training from the Family Planning Association. Eleven midwives assisted in staffing the six family planning clinics held in maternity and child welfare centres.

There was a decrease in the number of pupil midwives receiving district training, 74 trained compared with 117 in 1966. The decrease was due to a shortage of pupils in the hospital training schools. There were 34 pupils received from St. Mary's Hospital, 28 from Crumpsall Hospital and 12 from Wythenshawe Hospital, all pupils being attached to a domiciliary midwife for three months. There are 48 domiciliary midwives approved by the Central Midwives Board to undertake the training of pupil midwives.

In addition to the pupil midwives, 12 community nursing students, 25 obstetric nurse students and 11 district nurse students were provided with domiciliary midwifery experience, accompanying midwives on their visits and attending an ante-natal clinic.

Eight students from Manchester hospitals studying premature baby care accompanied the premature baby sisters on their visits.

During 1967, 16 midwives attended compulsory post-graduate courses under rule G.2 of the Central Midwives Board.

Following the introduction of a new ruling by the Central Midwives Board, 40 midwives attended City maternity hospitals for one-day training in the administration of local anaesthesia prior to episiotomy. Midwives have been issued with additional equipment and local anaesthetic to comply with this ruling.

**Stillbirths**

There were 228 stillbirths notified in 1967 (299 in 1966), of which 18 were in domiciliary practice, four occurring in the 72 cases delivered before the midwife arrived. Three of these four stillbirths occurred in 59 confinements originally booked for hospital, where the births took place before transfer to hospital could be arranged, and one in the 13 confinements not booked either for hospital or domiciliary delivery.

**Emergency cases (Flying Squad)**

This service, based at St. Mary's Maternity Hospital, was staffed by an obstetrician, an anaesthetist and a midwife. Transport was provided by local authority ambulances. There were 97 calls for the service, 14 fewer than last year, comprised as follows:—

Abortion .. .. .	13
(2 women were considered not to be pregnant on examination)	
Ante-partum haemorrhage .. .. .	6
Eclampsia.. .. .	5
During second stage of labour .. .. .	7
During third stage of labour.. .. .	64
Others .. .. .	2

**Maternal deaths**

There was one death from maternal causes, three less than 1966, giving a mortality rate of 0.086 per thousand total births compared with 0.33 in 1966.

The certified cause of death was as follows:—

- (a) Cerebral haemorrhage
- (b) Malignant hypertension
- (c) Previous pre-eclamptic toxæmia

There were also two deaths from maternal causes in Manchester relating to non-Manchester residents and six deaths associated with pregnancy.

**Premature baby service**

The establishment provides for seven midwives specially trained in the care of premature and ill babies. Seven were in post at the end of the year.

The number of babies referred for care was 974 compared with 1,093 in 1966. A summary of visits is given below:—

	1966	1967
To mothers and infants under 10 days	9,470	1,321
To mothers and infants over 10 days		7,941
To paediatric clinics .. .. .	57	43
To hospital .. .. .	61	102
To child welfare clinics .. .. .	67	44
To general practitioners' surgeries .. ..	38	91
Home investigations .. .. .	25	22

An analysis, by weight at birth, of the premature infants referred for care together with the numbers transferred to hospital whilst in the care of the premature baby nurses is given below:—

Weight at birth	Number	Transferred to hospital
Under 3 lbs. 4 ozs. .. .. .	49	5
3 lbs. 5 ozs.—4 lbs. 6 ozs. .. .. .	128	5
4 lbs. 7 ozs.—4 lbs. 15 ozs. .. .. .	188	2
5 lbs. 0 ozs.—5 lbs. 8 ozs. .. .. .	381	18
5 lbs. 9 ozs. and over .. .. .	228	5
Totals	974	35

Of 11 babies known to have died the registered causes of death were, broncho-pneumonia (5), meningitis (1), congenital heart deformity (1), gastro-enteritis (1), obstructive jaundice (1), atelectasis (1). One baby was asphyxiated in a perambulator.

**Premature live and stillbirths**

Particulars of premature live births notified (as adjusted by transferred notifications) are shown below:—

In hospital .. .. .	806
At home.. .. .	110
In private nursing homes .. .. .	16
	<hr/>
	932
	<hr/>

The number of premature stillbirths notified (as adjusted by transferred notifications) were:—

In hospital .. .. .	135
At home .. .. .	10
In private nursing homes .. .. .	—
	<hr/>
	145
	<hr/>

Weight at birth	Premature live births													Premature stillbirths
	Born in hospital	Born at home or in a nursing home						Transferred to hospital on or before 28th day						
		Nursed entirely at home or in a nursing home			Died									
		Total births			Died									
		within 24 hours of birth	over 1 and under 7 days	in 7 and under 28 days	(6)	(7)	(8)							
	(1)	(2)	(3)	(4)	(5)				(9)	(10)	(11)	(12)	(13)	(14)
1. 2 lb 3 oz. or less.. . . .	23	20	3	—	2	—	1	—	2	3	1	—	28	2
2. Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	70	14	9	1	2	1	—	—	5	2	2	—	39	4
3. Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	144	12	13	1	3	—	1	—	10	—	3	—	33	2
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. . . . .	191	3	2	—	7	—	—	—	12	—	1	—	14	1
5. Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	378	2	4	2	73	1	—	—	10	1	1	—	21	1
6. Totals . . . . .	806	51	31	4	87	2	2	—	39	6	8	—	135	10

Note :—1 = 1,000g, or less, 2 = 1,001–1,500g, 3 = 1,501–2,000g, 4 = 2,001–2,250g, 5 = 2,251–2,500g.

## Prevention of Illness, Care and After-Care

### Tuberculosis

The Manchester Regional Hospital Board continued to provide facilities for the prevention and treatment of tuberculosis at the Chest Clinics, 352 Oxford Road, Manchester, 13, and Baguley Hospital.

The local health authority also provided the following care and after-care services:—

The visiting and supervision of tuberculous patients and their families by health visitors (*over 3,100 visits made*).

The loan of beds and bedding, free of charge, to assist treatment and to secure the isolation of the patient.

B.C.G. vaccination of suitable contacts of tuberculous patients (*767 vaccinations performed*).

The provision of food grants to patients and their families whose income was below a set scale (*29 grants made*).

The loan of nursing requisites, free of charge, to patients receiving domiciliary care.

The free distribution of sputum boxes (*1,850 issued*).

The disinfection of premises, bedding and clothing (*12 premises and 2 items of bedding disinfected*).

The colonization of patients in village settlements.

Assistance in rehousing (*175 cases reviewed and 60 recommended for rehousing*).

Financial advice in regard to entitlement to supplementary allowances and co-operation with the Ministry of Labour in regard to the placing of selected patients in suitable employment.

On 31st December, 1967, there were 3,474 persons on the tuberculosis notification register and 102 Manchester patients were receiving treatment in sanatoria and hospitals; there were no patients awaiting admission to either hospital or sanatoria.

### Tuberculosis health visiting

Health visitors made 3,122 visits to tuberculous patients and their families.

### Ministry of Social Security and supplementary allowances

The close liaison with officers of the Ministry of Social Security continued; they were at all times co-operative and understanding in assessing the need of patients and families requiring both immediate and long-term financial help.

### Food grants

Extra food and milk grants are provided free to tuberculous patients whose income falls below an approved scale, and family income margins are revised periodically by the Health Committee. The committee's scale at the end of the year was as follows:—

	s.	d.
One adult (single or widow) .. .. .	110	9
One parent and one child .. .. .	145	0
Two parents .. .. .	171	6
Two parents and one child .. .. .	206	3
(Plus 35s. 3d. for each additional child)		

Allowance is made for rent where this exceeds 15s. per week.

## **Housing**

One hundred and seventy-five applications for rehousing were received by the housing survey section. In every case a report on the medical aspects, especially in relation to infectivity, was obtained from the consultant chest physician. Subsequently the Medical Officer of Health recommended medical priority in sixty cases.

## **Colonization**

The Health Committee assumes financial responsibility for the maintenance of patients accepted by village settlements after a period of observation. At 31st December, 1967, there were two patients in Barrowmoor Hall Tuberculosis Colony and one in the Papworth Village Settlement, Cambridgeshire.

## **Children**

Child contacts are kept under close supervision and every effort is made to ensure their attendance at the chest clinics for examination and B.C.G. vaccination. Liaison with other interested departments is maintained and information freely exchanged. The Children's Department, when appropriate, arranges for the care of children when a parent is in hospital, and will also take into temporary care those children who need to be segregated from cases of open tuberculosis during the period of B.C.G. vaccination.

## **Home helps**

Any home help working in a tuberculous household must be a volunteer and must have a chest X-ray periodically. The assistance of a home help is of great value and often a source of comfort to patients temporarily unable to care adequately for their families.

## **B.C.G. vaccination**

In 97 sessions, 1,006 pre-vaccination Heaf tests, 767 B.C.G. vaccinations and 591 conversion Heaf tests were carried out. These included not only contacts of tuberculous cases, but also newly-arrived immigrant children, school children missing appointments at school, student nurses and other hospital staff.

## **Notification**

New cases of respiratory tuberculosis notified decreased from 277 in 1966 to 265 in 1967. There were 176 male cases (192 in 1966) and 89 female cases (85 in 1966). In addition the Medical Officer of Health was informed of 17 cases (14 male, 3 female) of respiratory tuberculosis from local registrars' death returns and 5 cases by posthumous notification.

New cases of non-respiratory tuberculosis decreased from 37 in 1966 to 27 in 1967; there were 17 male cases (15 in 1966) and 10 female cases (22 in 1966) and the Medical Officer of Health was informed of 4 cases (males) of non-respiratory tuberculosis from local registrars' death returns.

## **Mortality**

Deaths from respiratory tuberculosis numbered 42, the same as in 1966. There were 33 male and 9 female deaths. Two males died from non-respiratory tuberculosis, compared with one male and two females in 1966.

Tuberculosis (pulmonary and non-pulmonary)

Incidence and deaths in age groups for years 1960—1967

Year	0—				1—				5—				15—				45—				65—				Total				Totals	
	Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		All forms	Deaths
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1960	2	—	—	—	21	—	2	—	18	—	6	—	198	13	23	—	117	42	2	1	34	26	2	1	390	81	35	2	425	83
1961	—	—	—	—	15	—	2	—	27	—	3	—	178	2	27	2	139	31	4	3	23	17	3	—	382	51	39	5	421	56
1962	1	—	—	—	16	—	5	—	30	—	3	—	208	11	22	4	106	35	4	4	31	24	2	—	392	70	36	8	428	78
1963	3	—	—	—	21	—	2	—	20	—	4	—	145	8	21	4	100	27	5	3	21	15	3	2	310	50	35	9	345	59
1964	3	—	1	—	17	—	2	—	23	—	2	—	159	4	28	—	79	34	5	—	32	16	4	3	313	54	41	4	354	58
1965	2	—	—	—	11	—	1	—	13	—	2	—	143	4	31	—	106	20	2	2	28	21	1	—	308	45	49	2	357	47
1966	—	—	—	—	12	—	1	—	13	—	2	—	139	3	24	1	82	22	6	1	31	17	4	1	277	42	37	3	314	45
1967	1	—	—	—	8	—	—	—	12	—	1	—	144	5	17	—	77	19	5	1	23	18	4	1	265	42	27	2	292	44

Summary of notifications of tuberculosis during the period 1st January to 31st December, 1967

	FORMAL NOTIFICATIONS														Total (all ages)
	Number of primary notifications of tuberculosis (new cases) by age														
	0-1	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Respiratory, males .. ..	1	1	4	3	3	8	17	28	25	34	31	14	7	176	
Respiratory, females .. ..	—	2	1	2	4	15	18	18	15	9	3	—	2	89	
Non-respiratory, males .. ..	—	—	—	—	—	1	—	7	5	3	—	1	—	17	
Non-respiratory, females .. ..	—	—	—	—	1	—	3	1	—	2	—	—	3	10	

The statistics for the year are shown in the following tables:—

Primary notifications of and deaths from tuberculosis  
Comparative figures for years 1960—1967  
(Rates per thousand of the population)

Year	Primary notifications								General death rate Manchester	Death rate all respi- ratory diseases except tuberculosis (M/cr.)	Death rates, tuberculosis Manchester						Death rate, respiratory tuberculosis, England and Wales
	Respiratory				Non-respiratory						Non-respiratory						
	F.		Per- sons Rate		M.		F.				Per- sons Rate		M.		F.		
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	
1960	0.79	0.41	0.59	0.04	0.07	0.05	12.42	1.72	0.22	0.04	0.12	0.01	0.00	0.01	0.00	0.068	
1961	0.84	0.34	0.58	0.05	0.07	0.06	13.49	2.25	0.12	0.04	0.08	0.01	0.01	0.01	0.01	0.065	
1962	0.85	0.35	0.59	0.00	0.04	0.05	13.30	2.41	0.15	0.06	0.11	0.02	0.01	0.01	0.01	0.059	
1963	0.66	0.30	0.47	0.07	0.04	0.05	12.99	2.20	0.13	0.02	0.08	0.01	0.02	0.01	0.01	0.056	
1964	0.67	0.32	0.49	0.06	0.06	0.06	11.97	1.64	0.14	0.03	0.08	0.01	0.00	0.01	0.01	0.047	
1965	0.70	0.28	0.48	0.06	0.09	0.08	12.32	1.75	0.13	0.01	0.07	0.01	0.00	0.01	0.00	0.042	
1966	0.64	0.26	0.44	0.05	0.07	0.06	12.55	2.00	0.11	0.03	0.07	0.00	0.01	0.00	0.00	0.043	
1967	0.59	0.28	0.43	0.06	0.03	0.04	12.57	1.91	0.11	0.03	0.07	0.01	0.00	0.01	0.01	0.037	

Source of notification of tuberculosis

Source	Respiratory		Non- respiratory		Totals
	Rate	Rate	Rate	Rate	
Private practitioners ..	..	..	12	1	13
Manchester chest clinic ..	..	..	191	6	197
Baguley chest clinic ..	..	..	9	—	9
Other chest clinics ..	..	..	2	—	2
Manchester hospitals ..	..	..	43	17	60
Other hospitals ..	..	..	8	3	11

# Mass radiography health survey

The following report has been supplied by Dr. J. Rimington, who has been Acting Medical Director of the No. 2 Mass Radiography Unit since the retirement of Dr. R. Walshaw in May, 1967. The first part of the report refers to the period from 1st September, 1966, to 31st August, 1967. The second part gives an analysis of all examinations carried out by the unit between 9th January, 1961, and 13th August, 1967, during which period every municipal ward in the City of Manchester was the subject of a survey to include members of the general public.

## Part I, 1st September, 1966, to 31st August, 1967

### Manchester zone 4

When the report for zone 4 was submitted last year the Didsbury and Levenshulme Municipal Wards still remained to be surveyed, and in addition the final diagnosis for examinations carried out in the surveys of Baguley, Benchill and Woodhouse Park Wards was not then available. Examinations have since been carried out (to include residents of the Didsbury and Levenshulme Wards) in Broomhurst Hall of Residence, Didsbury, and Roby Congregational Chapel, Longsight. The findings for these examinations and also for those in the Baguley, Benchill and Woodhouse Park Wards are now available and have been included in the comprehensive analysis of all examinations carried out in zone 4, which is given below.

During the period under review, the unit has also visited 7 of the larger industrial and commercial concerns in Manchester and paid a further visit to H.M. Prison. The examination of University Freshers was again carried out at the request of the Medical Officer of the Student Health Service, and the unit was engaged for 8 weeks in Salford. A total of 44,093 chest X-ray examinations was carried out, 37,986 of these being in the Manchester area, and the remainder in Salford.

In addition to individual members of the general public and workers in the industrial and commercial concerns, examinations included cases referred by private practitioners, employees of local authorities whose work brings them into close contact with children, students at Grammar and Technical High Schools who were 16 years of age or over and in their final year, and Teacher Training College leavers.

### Zone 4

Total examinations carried out	..	..	..	..	..	..	..	..	..	36,061
Of these the number resident in zone under survey was	..	..	..	..	..	..	..	..	..	28,435

### *Respiratory tuberculosis requiring close clinic supervision or treatment:*

	<i>Cases per thousand</i>	
All examinations .. .. .	41	1.14
Residents in zone .. .. .	33	1.16

### *Respiratory tuberculosis requiring periodic supervision at chest clinics:*

All examinations .. .. .	90	2.50
Residents in zone .. .. .	72	2.53

### *Bronchiectasis:*

All examinations .. .. .	11	0.31
Residents in zone .. .. .	9	0.32

### *Carcinoma bronchus:*

All examinations .. .. .	23	0.64
Residents in zone .. .. .	17	0.60

*Among other abnormalities discovered were:*

Sarcoidosis .. .. .	1
Pneumoconiosis .. .. .	4
Diaphragmatic hernia .. .. .	50
Cervical and substernal thyroid enlargement ..	6
Bronchial cyst .. .. .	2
Eventration of diaphragm .. .. .	3

*Part 2, City of Manchester*

*9th January, 1961, to 3rd August, 1967*

Total number of examinations .. .. . 222,500

	<i>Cases</i>	<i>per thousand</i>
<i>Respiratory tuberculosis requiring close clinic supervision or treatment</i>	307	1.38
<i>Respiratory tuberculosis requiring periodic supervision at chest clinics .. .. .</i>	725	3.26
<i>Bronchiectasis .. .. .</i>	110	0.49
<i>Carcinoma bronchus .. .. .</i>	153	0.69

## Cervical cytology—prevention of cancer of the cervix

The number of full-time clinic sessions remained at 7½ per week. New attendances at local authority clinics were disappointing in 1967 in spite of efforts by the staff, and advertisements in the Press, to encourage women to take advantage of the service provided.

### Cervical smears obtained from 1963 to 1967 at local health authority clinics

	1963	1964	1965	1966	1967
Negative smears .. ..	283	2,364	3,081	3,754	4,065
Positive smears .. ..	2	16	34	29	38
Suspicious smears .. ..	—	17	35	60	141
Total .. ..	285	2,397	3,150	3,843	4,244

### Distribution of cytodiagnostic results by age groups, 1967

	Under 20 years	20/29 years	30/39 years	40/49 years	50/59 years	60 years and over	No age given	Total
Negative smears .. ..	23	919	1,336	1,157	540	89	1	4,065
Positive smears .. ..	—	9	7	15	6	1	—	38
Suspicious smears .. ..	2	38	41	35	23	2	—	141
Total .. ..	25	966	1,384	1,207	569	92	1	4,244

In 1967, 4,244 cervical smears were taken, but this number includes patients recalled for the three-yearly repeat test and also routine smears taken at the local authority's family planning clinics. There were 38 positive smears, an incidence of 8.95 per thousand, and 141 suspicious smears, an incidence of 33.22 per thousand.

Of the total smears 357 (8.41 per cent) showed the presence of trichomonas infection and 183 (4.31 per cent) the presence of monilia infection.

More general practitioners provided facilities in their surgeries for taking smears. In the four City maternity hospitals cervical smears were taken either at the ante-natal clinic or post-natal clinic—in one hospital cervical smears were taken routinely in the ante-natal clinics, in others smears were taken only in selected age groups and mainly in the post-natal clinic. The procedure at the maternity hospitals depended on individual consultants and the facilities available for examining the smears.

There is still a vast and, as yet, untapped reservoir of women "at risk" in the City and increasing efforts must be made by the Health Department to contact these women.

### **Follow-up of positive and suspicious cervical smears**

Cervical smears taken at Health Department clinics are sent for cytological examination to Christie Hospital and the follow-up of positive and suspicious smears is undertaken by the pathologist (cytology) at this hospital. Patients with positive or a suspicious smear are referred back to the clinic for a repeat smear to confirm diagnosis. A hospital appointment with a gynaecologist, for further investigation and treatment, is then arranged, sometimes by the patient's general practitioner and sometimes by the clinic doctor after consultation with the general practitioner.

There is very good liaison with the gynaecologists in the City and hospital appointments are always arranged with the minimum delay.

Two months after the preliminary cervical smear the general practitioner is contacted by Christie Hospital to ascertain which hospital the patient has attended for treatment. Finally, the Pathologist at Christie Hospital contacts the hospital to confirm attendance and to obtain a copy of the biopsy report on the patient. In the case of hospital defaulters, the general practitioner or the Health Department is informed so that some pressure may be put upon women to attend hospital.

As in previous years, it was found that many women attend Health Department cytology clinics for a cervical smear because they have a marital or gynaecological problem which they wish to discuss with a woman doctor.

### **Domiciliary cytology**

Three midwives have received training at hospital in the taking of cervical smears and are available for the benefit of high risk women who are unable or unwilling to attend either the local authority clinics or their doctors' surgeries. Forty-eight women had a smear taken at home during the year. There were no positive smears in this group.

### **Loan of sickroom equipment etc.**

Sick room nursing requisites may be borrowed free of charge on application to either a district nurses' report centre or directly to the Health Department. Requests for such loans require substantiation by either a doctor, district nurse, health visitor or midwife. During 1967, there were 1,994 applications for this type of equipment.

## Laundry service

Three hundred and thirty-eight incontinent chronic sick persons nursed at home were supplied with laundered bed linen and/or night attire, deliveries and the collection of soiled articles being made twice weekly. The laundering of soiled laundry was carried out in a most satisfactory manner at Springfield Hospital.

There was a substantial increase in the number of patients being supplied with disposable absorbent paper pads which continued to be available as an alternative to linen draw sheets, and which are particularly suitable for doubly incontinent patients. There were 1,102 patients supplied with these pads compared with 936 in 1966.

The disposal of the soiled pads is of great importance and, although disposal on domestic fires continues to be the main practice, as more areas of the City come under the smoke control orders, disposal is increasingly effected by burning in incinerators or, provided they are well wrapped, by the normal refuse disposal services.

All new multi-storey flats, purpose-built maternity and child welfare centres and combined clinics in the City have large incinerators capable of dealing with soiled pads.

Protective pants and interliners continued to be supplied free of charge and 132 necessitous disabled persons, compared with 62 in 1966, availed themselves of this service, which is supplied only on the recommendation of a general medical practitioner or a district nurse.

## Chiropody

To meet the demand for the chiropody service provided by the Health Department for the elderly, the physically handicapped and expectant mothers, the number of premises in the City where regular municipal chiropody clinics are held was increased from 19 to 21. In addition, a chiropody clinic which will become operational next year has been provided in the new, purpose-built maternity and child welfare centre at Trees Street, Crumpsall.

Because of the increasing demand on the service it has been necessary to extend the intervals between treatments to approximately twelve weeks for domiciliary patients and eight to ten weeks for clinic patients. In some cases district nurses carry out minor treatments such as toe-nail cutting, referring to the chiropody service only those patients needing the skilled service of a chiropodist.

It is still proving difficult to recruit suitable full-time chiropodists to the department's staff and most of the work is being undertaken by private chiropodists working part-time for the department.

Details of patients on the registers at municipal clinics and at home, together with the number of treatments given, are shown in the following tables:—





*Directly operated service*  
 Patients on the registers (at 31st December, 1967)

Treatment received	Elderly persons	Physically handicapped persons	Expectant mothers
At municipal clinics .. ..	3,390	25	3
At home .. .. .	2,228	79	—
Totals .. .. .	5,618	104	3

Treatment given	
Treatment received	No. of treatments (all classes)
At municipal clinics .. .. .	10,821
At home .. .. .	9,225
Total .. .. .	20,046

A voluntary organization in the City continued to provide chiropody treatment on an agency basis and 737 patients were receiving treatment from this source at the end of the year.

The Chief Chiropodist and his staff record their appreciation of the assistance they have received from the Superintendent of the Home Nursing Service and her staff and also from private chiropodists.

### Convalescence

Recuperative holidays were arranged at various convalescent homes following medical recommendations.

Particulars of admissions are shown below:—				
“Binswood” British Red Cross Home, Manchester	..	..		77
Delton Convalescent Home, Blackpool	..	..	..	25
Jewish Blind Society’s Home, Southport..	..	..	..	15
Lear Home of Recovery, West Kirby	..	..	..	60
Total ..				177

Cases were also admitted to two of the Health Committee’s establishments. Children were sent to the Dr. Garrett Memorial Home, Conway, North Wales and convalescent mothers to Knowle House, Handforth.

### Family welfare service

The work of the family welfare service continues to highlight the very definite need which it meets, dealing with the early stages of problems affecting family life and relationships. During the year 296 clients were seen, of whom 188 were new and 108 had previously been seen. There were 1,119 interviews at the four sessional clinics held weekly.

Although the largest proportion of the problems seen concerned marital disharmony, a considerable number of personal problems including psycho-neurotic and sexual problems were also helped, as well as a variety of purely

social problems which often required referral to appropriate agencies. Whilst the majority of the cases were referred by other social agencies, a considerable number were sent by relatives and friends and an increasing number were referred by general practitioners and consultants and by the hospital services.

During the past year Dr. MacCulloch left Manchester to take up his new appointment as lecturer in Child Health at Birmingham University. Dr. Grant, who formerly served as consultant psychiatrist to the service, has now returned to Manchester as a consultant psychiatrist to the Manchester University Student Health Service, and lecturer to the Social Work Course at the Manchester College of Commerce. He has taken Dr. MacCulloch's place in the family welfare service.

Case load

	<i>Darbishire House</i>	<i>Yew Tree Lane</i>	<i>Thornton Street</i>	<i>Didsbury</i>	<i>Totals</i>
Old cases .. .. .	28	34	23	23	108
New cases .. .. .	77	50	40	21	188
<hr/>					
Total cases seen .. .. .	105	84	63	44	296
Total number of interviews during the year .. .. .	443	303	146	227	1,119

Sources of references of cases:

Medical:	
General practitioners .. ..	64
Student health service.. ..	5
From hospital .. .. .	3
Medical Executive Council..	1
	—
	73
	—
Social agencies etc:	
Health visitors .. .. .	57
Family welfare staff .. ..	18
Citizens Advice Bureau ..	19
Children's Department ..	14
Clergy .. .. .	10
Family planning clinics ..	8
Social workers .. .. .	8
Family Welfare Association	5
Samaritans .. .. .	7
Maternity and child welfare clinics.. .. .	9
Probation service .. .. .	2
Marriage Guidance Council	2
S.S.A.F.A. .. .. .	1
Employers .. .. .	1
Press .. .. .	3
	—
	164
	—
Relatives and friends:	
Wife .. .. .	13
Husband .. .. .	2
Mother .. .. .	6
Father .. .. .	1
Son.. .. .	1
Daughter .. .. .	1
Brother .. .. .	2
Fiance .. .. .	2
Other clients.. .. .	17
	—
	45
	—
Self-referred .. .. .	14

Diagnostic categories:

Personal problems:	
Anxiety .. .. .	6
Phobias .. .. .	7
Depression .. .. .	36
Personality problems—	
maladjustment .. ..	19
temper tantrums .. ..	1
work refusal .. .. .	1
insecurity .. .. .	2
stammer .. .. .	1
beyond control .. ..	1
unable to read .. ..	1
	—
Sexual problems—	
frigidity .. .. .	4
pregnancy .. .. .	4
	—
	83
	—
Environmental problems:	
Housing .. .. .	1
Separation .. .. .	2
	—
	3
	—
Seeking help about others:	
Re wife .. .. .	10
Re son .. .. .	16
Re daughter .. .. .	20
Re brother .. .. .	2
Re fiance .. .. .	2
	—
	50
	—
Marital disharmony .. .. .	160

# Family planning

A direct family planning service is provided in the City. During the year the number of weekly family planning sessions was increased from one to six, including two evening clinics. In accordance with Ministry Circular No. 5/66, while education and advice on family planning were available to all residents in the City, treatment, including supplies, was provided only for the benefit of women to whom pregnancy would be detrimental to health. No charge was made for the service. "Detrimental to health" was interpreted liberally. Both medico-social and medical cases were included in the priority category.

Patients were referred to the family planning clinics mainly by general practitioners, midwives and health visitors. There were very few personal referrals from priority patients and no enquiries at the clinics for education or advice alone.

Advice, education and treatment were provided at all clinics for the normally accepted contraceptive procedures—oral, mechanical, intrauterine device and the temperature method of fertility control. Frequently, the method of contraception was left to the discretion of the doctor but, unless there was some medical contra-indication, patients, on request, were given the contraceptive method of their choice.

The doctors report an increasing demand for the intrauterine device method of contraception, especially for medico-social patients.

While the vast majority of patients were referred for contraception advice and treatment, in a few instances advice was sought because of subfertility and marital problems.

As a routine, a cervical smear was taken from all patients attending for family planning treatment.

The table given below shows the number of patients attending and the number of attendances by age group; it includes three sessions held in December, 1966.

Under 20 years		20/29 years		30/39 years		40+ years		Total No. of patients
No. of patients	No. of atten- dances	No. of patients	No. of atten- dances	No. of patients	No. of atten- dances	No. of patients	No. of atten- dances	
37	72	454	1,112	229	536	37	97	757

In November 1967, following Ministry Circular 15/67, the Health Committee resolved to extend the existing family planning facilities to provide advice, treatment and supplies at health department clinics for social cases as from April 1968, a charge being made for supplies. An additional five family planning sessions weekly are scheduled for 1968. The siting of the new sessions was decided, following consultation with the Family Planning Association, to avoid overlapping of family planning services in the City.

## Darbshire House Health Centre

The efficiency and success of this centre depend on the close liaison which exists between all the staff working in and from the centre—four general practitioners, four health visitors and a social worker co-operating with district nurses and domiciliary midwives. The centre also benefits from the services of a laboratory technician, available each morning, a part-time radiographer and a physiotherapist.

Attendances at the baby clinics held twice weekly have greatly increased and this has led to some overcrowding at these sessions. The growing number of immigrant mothers, particularly Pakistanis, has added a further problem in the matter of communication and understanding. To help overcome this, an additional clinic is held fortnightly for Pakistani mothers. With an English speaking Pakistani as interpreter, demonstrations and advice on infant feeding, bottle sterilisation and the importance of vitamins are given.

The clinics are often attended by children requiring medical treatment. The reason for this is that the medical officer is in many cases the family doctor.

Screening tests of hearing are held fortnightly. Once a week there is a mothercraft and relaxation class organized jointly by health visitors and midwife. A sewing class is held each week and is of benefit to mothers who require instruction in simple dressmaking for their children.

The Tufty Club has a session on the first Monday of every month.

## Incidence of Blindness (National Assistance Acts)

The following information has been kindly supplied by the Chief Welfare Officer and the majority is in the form required by the Ministry of Health.

### Follow-up of registered blind persons

	Cause of disability		
	Cataract	Glaucoma	Others
(i) Number of cases registered as blind during the year 1967 in respect of which section F of form B.D.8 recommends:—			
(a) no treatment . . . .	6	5	45
(b) treatment (medical, surgical or optical) . . . .	19	15	35
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment . . . . .	5	12	15
(iii) Number of cases at (ii) above in which:—			
(a) vision improved . . . .	2	—	—
(b) sight restored . . . .	—	—	—
(c) treatment continuing at end of year . . . . .	5	8	10

### Follow-up of registered partially-sighted persons

	Cause of disability		
	Cataract	Glaucoma	Others
(i) Number of cases registered as partially-sighted during the year 1967 in respect of which section F of form B.D.8 recommends:—			
(a) no treatment .. .. .	3	1	12
(b) treatment (medical, surgical or optical) .. ..	40	6	42
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. .. .	20	3	20
(iii) Number of cases at (ii) above in which			
(a) vision improved .. ..	4	—	1
(b) sight restored .. ..	—	—	—
(c) treatment continuing at end of year .. .. .	11	2	9

### Summary of register of blind persons for 1967

	Twelve months ended 31-12-1967	Twelve months ended 31-12-1966
Number of cases on register at 31st December, 1966	1,165	1,189
<i>add</i>		
Number of new cases .. .. .	125	132
Removals into area .. .. .	21	30
Cases re-certified .. .. .	1	1
<i>deduct</i>	1,312	1,352
Number of deaths .. .. .	101	139
Removals out of area .. .. .	47	46
Cases de-certified .. .. .	2	2
	1,162	1,165
1967	1966	
Males 476	Males 478	Females 687
Females 686		

### Analysis of register of blind persons

	at 31-12-1967	at 31-12-1966
	Number of cases	
<i>Children:—</i>		
Under 5 years of age .. .. .	5	5
5 to 15 years of age—at school .. .. .	8	15
—not at school .. .. .	6	4
<i>Adults over 16 years of age:—</i>		
At school .. .. .	10	3
Under training .. .. .	3	3
Not training but trainable .. .. .	2	4
Trained but unemployed .. .. .	—	—
Employed at blind institutions or elsewhere .. .. .	141	154
Unemployed .. .. .	987	977
	1,162	1,165

<i>Age periods</i>					
0- 4 years of age	..	..	..	..	5
5-10	„	„	..	..	8
11-15	„	„	..	..	6
16-20	„	„	..	..	24
21-29	„	„	..	..	30
30-39	„	„	..	..	46
40-49	„	„	..	..	93
50-59	„	„	..	..	135
60-64	„	„	..	..	93
65-69	„	„	..	..	127
70-79	„	„	..	..	301
80-89	„	„	..	..	235
90 plus	„	„	..	..	59
					1,162

There was a reduction of only three on the register of blind persons as compared with 1966, and the majority of cases were aged 50 years and over. Nearly 85 per cent of registered blind persons over 16 years of age were unemployed.

### Summary of register of partially-sighted persons for 1967

								<i>Twelve months ended</i>	<i>Twelve months ended</i>
								<i>31-12-1967</i>	<i>31-12-1966</i>
Number of cases on register at 31st December, 1966								601	589
<i>add</i>									
Number of new cases .. .. .								104	114
Removals into area .. .. .								12	8
Cases re-certified .. .. .								—	—
								717	711
<i>Deduct</i>									
Number of deaths .. .. .								47	61
Removals out of area .. .. .								19	21
Cases de-certified .. .. .								2	—
Transfers to blind register .. .. .								33	101
								101	28
								616	601
								1967	1966
<i>Males</i>								<i>Males</i>	<i>Females</i>
233								221	380
<i>Females</i>									
383									

### Analysis of register of partially-sighted persons

								<i>at</i>	<i>at</i>
								<i>31-12-1967</i>	<i>31-12-1966</i>
								Number of cases	
<i>Children:—</i>									
Under 5 years of age .. .. .								1	3
5 to 16 years of age—at school .. .. .								42	44
Over 16 years of age—at school .. .. .								5	4
<i>Adults over 16 years of age:—</i>									
Under training .. .. .								—	—
Available for training .. .. .								5	1
Employed elsewhere .. .. .								74	77
Unemployed .. .. .								489	472
								616	601
<i>Age periods</i>									
2-4 years of age	..	..	..	..	..	1			
5-15	„	„	..	..	..	42			
16-20	„	„	..	..	..	28			
21-49	„	„	..	..	..	71			
50-64	„	„	..	..	..	98			
65 and over	..	..	..	..	..	376			
						616			

The number of registered partially-sighted persons increased by 15 compared with 1966, with the majority of cases aged 65 years and over. Nearly 80 per cent of registered partially sighted persons over 16 years of age were unemployed.

### Classification of cases of blindness certified and registered in 1967

	<i>Males</i>		<i>Females</i>	<i>Total</i>	
New cases from 1st January to 31st December					
1967 .. .. .	47		78	125	
Cases re-certified .. .. .	1		—	1	
Number of deaths during 12 months .. ..	40		61	101	

<i>Ages at which blindness occurred</i>	<i>New cases</i>			<i>Present age periods</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
0	2	3	5	—	—	—
1	—	—	—	1	—	1
2	—	—	—	—	1	1
3	—	—	—	—	—	—
4	—	—	—	1	—	1
5-10	—	3	3	—	—	—
11-15	—	—	—	—	—	—
16-20	—	1	1	—	1	1
21-29	1	1	2	—	1	1
30-39	3	—	3	4	1	5
40-49	3	2	5	3	4	7
50-59	6	9	15	4	7	11
60-64	6	4	10	5	6	11
65-69	6	6	12	6	4	10
70-79	15	30	45	14	30	44
80-84	4	11	15	5	12	17
85-89	—	2	2	3	6	9
90 and over	1	3	4	1	5	6
unknown	—	3	3	—	—	—
Totals	47	78	125	47	78	125

<i>Other disabilities</i>	<i>Males</i>	<i>Females</i>
Physically defective .. .. .	—	2
Hard of hearing .. .. .	1	2
Deaf with speech .. .. .	—	1

### Causes of blindness

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cataract .. .. .	8	17	25
Glaucoma .. .. .	9	11	20
Myopia .. .. .	1	3	4
Retinal detachment .. .. .	2	4	6
Retinopathy .. .. .	3	8	11
Retinitis .. .. .	1	3	4
Optic nerve atrophy .. .. .	6	1	7
Macular degeneration .. .. .	8	21	29
Other causes .. .. .	9	10	19
	47	78	125

Summary of statistics of blind persons for the last ten years

Year ended 31st December	Total on register	New cases	Cases re-certified	Deaths	Cases de-certified	Transfers into area	Transfers out of area
1958	1,284	121	2	146	10	29	22
1959	1,255	136	1	152	8	22	28
1960	1,233	137	1	153	1	28	34
1961	1,202	117	—	144	—	19	23
1962	1,219	144	—	199	2	26	32
1963	1,204	154	—	141	2	21	50
1964	1,192	132	1	136	1	28	36
1965	1,189	144	1	137	—	17	28
1966	1,165	132	1	139	2	30	46
1967	1,162	125	1	101	2	21	47

Epilepsy and Cerebral Palsy

Neither of these handicaps is notifiable and therefore it is not possible to say with certainty how many children, resident in the City, are suffering from these conditions. The distribution of those who have come to the notice of the Nursing Services Division and School Health Service is as follows:—

Epilepsy

Children in Soss Moss residential school	23
Children under supervision and attending ordinary schools	89

Cerebral palsy

Children in Margaret Barclay residential school	9
Children in Lancasterian day school	60
Children in Telford day school	31
Children under treatment at orthopaedic clinics	13
Children in schools not administered by the Education Committee	1

Monsall Cleansing Clinic

The following tables give details of the numbers of persons treated at the clinic and the sources from which they were referred to the clinic.

Year	Scabies						Verminous conditions					No. of aged persons bathed	Total number of all treatments given
	First treatment only					No. of second treatments given							
	Adult males	Adult females	School children	Children under 5	Total new patients		Adult males	Adult females	School children	Children under 5	Total		
1967 .. .. .	160	209	331	168	868	770	703	20	296	16	1,035	38	2,711
1966 .. .. .	134	168	234	131	667	571	661	31	353	25	1,070	33	2,341

Sources from which persons were referred to clinic

	Voluntary	Hospitals	G.P.,s	H.V.,s	Day nurseries and clinics	Public health insps.	Children's dept.	Welfare dept.	Hostels	Other local auths.	Misc.	Totals
Scabies.. . . .	—	39	494	75	50	8	—	—	—	199	3	868
Verminous conditions	80	10	2	15	269	2	12	10	581	44	10	1,035
Aged persons for bathing	1	2	4	9	—	2	—	10	6	2	2	38
Total .. . . .	81	51	500	99	319	12	12	20	587	245	15	1,941

The considerable increase in the number of treatments for both scabies and verminous conditions gives cause for concern, particularly as many young adults were treated for severe infestation.

The majority of the cases of scabies were referred by family doctors. Treatment is simple and effective but very frequently it proved impossible to persuade all members of the family to attend for treatment and, therefore, reinfection often occurred.

The staff at the clinic and on the district co-operated in an effort to help families achieve a better standard of hygiene. It is good to note that there was a decrease in the number of children cleansed—those compulsory cleansed are generally from poor homes and members of large families.

Student nurses from local hospitals, student health visitors and public health inspectors were shown round the clinic during the year.

### Welfare of Immigrants

During the year it became apparent that a considerable proportion of the immigrant community had achieved a satisfactory state of integration in Manchester. These immigrants were aware of the health services available in the City and accepted the help available. The family planning sessions in Moss Side have been greatly appreciated by the immigrants, especially West Indian mothers.

Immigrants with problems came for advice to their local clinic or to the Health Department in the Town Hall, where staff with practical experience of the problems were able to advise. Very occasionally the problem related to employment or to difficulties in making arrangements for relations to enter this country. In such cases the immigrants were referred to the Liaison Immigration Officer of the Council for Community Relations in Manchester.

There continued to be good liaison with the Council for Community Relations, the Administrative Medical Officer (Nursing Services) and the Superintendent Health Visitor being advisory members of the Health Sub-Committee of that organization.

Problems still exist, especially in the field of the day-care of children whose parents are either working or engaged in full-time or part-time education. Much work is done by health visitors and other department staff in following-up cases of unsatisfactory day-minding and in trying to arrange a satisfactory alternative. Often this involves evening visits to meet the working parents. The department is grateful for the help given in these matters by some of the immigrant leaders who are able, in difficult cases, to make parents realise that the regulations are enforced by the department in the best interests of their children and are not simply punitive measures against the parents.



**Mental Health Services Division**

Administration

Staff

Co-ordination with hospitals

Work in the community



## Mental Health Services Division

A. Butterworth, M.B., B.S., D.P.H., D.I.H., Administrative Medical Officer

T. Simpson, B.A. (Admin.), Chief Administrative Assistant.

### Administration

The Mental Health Sub-Committee, which meets monthly, consists of 21 members and is responsible, through the Health Committee, for dealing with all questions arising out of the powers and duties of the Council under the National Health Service Acts and the Mental Health Act, 1959, relating to mental health, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants. Any three members of the Health Committee are authorized to exercise the power of the local health authority, under section 47 of the Mental Health Act, 1959, to discharge a patient from guardianship.

### Staff

The staff of the division, excluding training centres, hostels and day centres, is as follows:—

Administrative medical officer .. .. .	1
Chief administrative assistant .. .. .	1
Deputy chief administrative assistant .. .. .	1
Senior administrative assistant (accounts) .. .. .	1
Senior mental welfare officer .. .. .	1
Casework advisers .. .. .	4 see note (i)
District mental welfare officers .. .. .	4
Mental welfare officers .. .. .	20 see note (ii)
Welfare assistants .. .. .	4
Employment officer .. .. .	1
Records clerk .. .. .	1
Accounts clerk .. .. .	1
General duties clerks .. .. .	2
Shorthand typists .. .. .	4

Note (i) One post is vacant and one post is filled by a social worker.

(ii) Two posts are vacant.

The following tables give details of the staff assignments at the training centres for the mentally subnormal:—

#### Junior training centre staff

Centre	Supervisors	Senior assistant supervisors	Assistant supervisors	Physio-therapist	Nursery assistants
Blackley .. .. .	1	1	4	—	1
Miles Platting .. .. .	1	1	6†	1	5
Northenden .. .. .	1	1	13*†	1	6
Rusholme .. .. .	1	1	10*†	—	4
Supply assistants .. .. .	—	—	2	—	—
Totals .. .. .	4	4	35	2	16

\* Includes one male handicraft instructor.

† Includes a total of 5 temporary assistant supervisors to replace staff on courses.

A part-time speech therapist is also employed.

Eighteen members of the staff hold the Diploma for Teachers of the Mentally Handicapped and four are recognized as qualified on grounds of experience.

**Adult training centre staff**

The approved assignment of the Blackley Adult Training Centre is as follows:

- 1 Chief training officer
- 1 Manager
- 4 Senior instructors
- 11 Instructors
- 2 Attendants
- 2 Clerical assistants

Five members of the staff hold the Diploma for Teachers of the Mentally Handicapped.

**Co-ordination with hospitals**

The numbers of mentally retarded patients on the waiting list for admission to hospital decreased from 75 to 70, all in the severely subnormal category. The figure of 70 includes 30 patients who are accommodated by the Regional Hospital Board in special accommodation but who, for administrative purposes, remain on the waiting list.

Dr. C. M. Brennan, the medical director of Calderstones Hospital, continued to hold a monthly clinic in Manchester. Under this arrangement Dr. Brennan sees, at the Rusholme Junior Training Centre, new patients placed on the hospital waiting list, reviews patients already on the waiting list and gives advice and support to relatives, mental welfare officers and mental health service staff.

**Type, age and sex distribution of patients awaiting hospital admission  
Subnormal and severely subnormal persons**

Time on waiting list	Males						Females						Totals
	Under 16			16 and over			Under 16			16 and over			
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	
Over 2 years .. .. .	4	14	—	2	5	—	9	12	—	3	3	—	52
1 to 2 years .. .. .	—	3	—	—	3	—	—	1	—	—	—	—	7
Under 1 year .. .. .	1	5	—	—	1	—	1	1	—	—	2	—	11
Total numbers on waiting list at 31.12.1967.. .. .	5	22	—	2	9	—	10	14	—	3	5	—	70

- (a) cot and chair cases
- (b) ambulant severely subnormal
- (c) ambulant subnormal

**Mentally ill persons**

There were no mentally ill persons on the waiting list for admission to hospital at the end of the year.

The local authority is notified of patients who are to attend the out-patients clinic at Prestwich Hospital and arrangements are made for them to be accompanied by the appropriate mental welfare officer where necessary. In addition a weekly conference is held at the hospital at which the previous week's discharges are discussed and guidance given by the respective consultants on their after-care.

Details of the provision of reports for psychiatric hospitals for the subnormal and severely subnormal are as follows:—

Social histories and reports on patients and their home circumstances

Type of report	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Social history .. .. .	9	23	4	18	54
Progress reports .. .. .	—	6	—	1	7
Leave of absence reports ..	—	1	—	4	5
Reports relating to examination of need for continued detention .. .. .	—	11	—	6	17
Totals .. .. .	9	41	4	29	83

Admissions to hospitals

The following table gives details of mentally disordered persons admitted to hospital:—

Subnormal and severely subnormal persons admitted to psychiatric hospitals

Method of admission	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal .. .. .	1	8	2	11	22
Emergency .. .. .	—	—	—	—	—
Observation .. .. .	—	4	—	—	4
Treatment .. .. .	—	1	—	5	6
Hospital order .. .. .	1	10	—	1	12
Short-term care .. .. .	28	17	17	21	83
Totals .. .. .	30	40	19	38	127

Mentally ill persons admitted to psychiatric hospitals through the mental health service

Method of admission	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal .. .. .	—	134	—	174	308
Emergency .. .. .	—	56	—	56	112
Observation .. .. .	—	126	—	178	304
Treatment .. .. .	—	7	—	19	26
Hospital order (section 60) ..	—	32	—	5	37
Hospital order (section 65) ..	—	2	—	—	2
Hospital order (section 68) ..	—	1	—	—	1
Transfer from guardianship ..	—	—	—	—	—
Totals .. .. .	—	358	—	432	790

**Disposal of patients admitted for observation or in an emergency**

Disposal	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal .. .. .	—	122	—	152	274
Treatment .. .. .	—	4	—	—	4
Discharged .. .. .	—	48	—	76	124
Died .. .. .	—	1	—	—	1
Not completed .. .. .	—	7	—	6	13
Totals .. .. .	—	182	—	234	416

**Patients known to have been admitted direct to psychiatric hospitals**

Method of admission	Males	Females	Totals
Informal .. .. .	210	205	415

There were 44 patients dealt with on behalf of other local health authorities; informal patients comprised 82 per cent of all admissions.

## Work in the community

### Mental illness

#### Prevention, care and after-care

The following table gives details of the work done in the prevention, care and after-care of mental illness:—

**Prevention, care and after-care of mental illness**

	Males	Females	Totals
Social histories .. .. .	7	3	10
Number of initial visits.. .. .	320	477	797
Number of continued visits .. .. .	1,649	2,518	4,167
Removed from care .. .. .	193	324	517
Referred for medical report:—			
to general medical practitioner .. .. .	37	62	99
to psychiatrists or clinics .. .. .	38	45	83
Interviews with other agencies, departments or employers .. .. .	359	620	979

The day centre and club for the mentally ill has made a considerable contribution to the work of this part of the service. The number of full-time patients attending at the end of the year was 26.

The club operates on Monday and Thursday evenings of each week when attendances vary between 30 to 45, and 20 to 30 respectively.

The staff of the day centre and club is as follows:—

Occupational therapists	.. .. .	2
Handicrafts instructor	.. .. .	1
Part-time instructors		
(domestic subjects and hairdressing)	.. .. .	2

Dr. E. H. Kitching, consultant psychiatrist to the mental health service, holds two sessions weekly at the centre.

The number of notifications of mental illness showed little change, being 1,506 compared with 1,541 last year.

Notification of mental illness

Source of notifications	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
General medical practitioners ..	—	257	—	436	693
Hospitals and clinics .. ..	—	109	—	125	234
Police authorities .. ..	—	101	—	54	155
Other corporation departments	—	56	—	68	124
General public .. .. .	—	13	—	18	31
Other sources .. .. .	—	145	—	124	269
Totals .. .. .	—	681	—	825	1,506

Disposal of cases notified

Type of disposal	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
To hospital .. .. .	—	358	—	432	790
Home visits.. .. .	—	101	—	113	214
No further action .. .. .	—	222	—	280	502
Awaiting disposal at 31.12.67 ..	—	—	—	—	—
Totals .. .. .	—	681	—	825	1,506

Subnormality and severe subnormality

Details of the number of subnormal and severely subnormal persons referred are as follows:—

Males		Females		Total
Under 16	16 and over	Under 16	16 and over	
42	54	44	40	180

**Removal from care**

There were 181 subnormal and severely subnormal persons removed from care.

The total number of visits by mental welfare officers was 14,832.

**Number of persons receiving care in the community by the mental health service at 31st December, 1967**

Mental illness and psychopathic disorders				Subnormality and severe subnormality				Total
Males		Females		Males		Females		
Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	
—	1,047	—	1,174	208	500	198	502	3,629

**Voluntary associations**

No duties are delegated to voluntary bodies but the facilities of various bodies are utilized for the provision of certain services.

Residential accommodation is provided by various voluntary bodies for three mentally ill and 28 subnormal and severely subnormal patients, and a further six patients are in foster homes provided under the aegis of the Guardianship Society, Hove. Short-term care was provided in voluntary homes in 72 cases to give relief to relatives of the subnormal and severely subnormal and 11 persons recovering from mental illness were given periods of convalescence. The number of children and adults attending voluntary training centres was 18.

Volunteer workers of the Manchester, Salford & District Association for Mental Health have made a valuable contribution to the work of the day centre and club, where they attend on one afternoon each week to organize social activities. For the third year volunteers from the Manchester Youth and Community Service gave greatly appreciated assistance during the holidays at the Northenden residential unit.

**Training of staff**

Five members of the staff of junior training centres and two members of the adult training centre staff are at present seconded to diploma courses, and a further two members of the adult training centre staff were given leave of absence to attend diploma courses. Four members of the mental health social work staff are on full-time courses, two on courses in psychiatric social work at Manchester and Leeds Universities and two on the social work course at the Manchester College of Commerce.

Six members of the training centre staff were awarded the diploma for teachers of the mentally handicapped, one district mental welfare officer the certificate in psychiatric social work and one mental welfare officer the certificate in social work.

In November an in-service training scheme for welfare assistants was started under the tutorship of a casework adviser.

Junior training centres

The four junior training centres are situated at Blackley, Miles Platting, Rusholme and Northenden. All are purpose-built, the two newest, Rusholme and Miles Platting coming into operation in January and November and replacing the Victoria Park and Gorton premises respectively. The new Rusholme junior training centre was officially opened on 21st March by the Lord Mayor, Alderman Mrs. Nellie Beer, O.B.E., J.P.

Because of the limited number of adult training centre places it was still necessary for 25 over 16's to attend the senior classes in junior training centres.

Junior training centres Number of pupils on registers at 31st December, 1967					
Training centre	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Blackley .. .. .	25	5	28	3	61
Miles Platting .. .. .	11	4	14	3	32
Rusholme .. .. .	65	1	51	1	118
Northenden .. .. .	53	2	46	6	107
Totals .. .. .	154	12	139	13	318

Nine special buses were used to convey pupils to and from the junior training centres and supervisory duties on the buses were carried out by part-time guides. Children are conveyed to and from the special care unit at the Northenden junior training centre by the mental health service special vehicle and by sitting case ambulance. Similar arrangements for the conveyance of children to and from the special care unit at the Miles Platting junior training centre will operate in the New Year.

Mid-day meals were provided for pupils at a cost of 6d. per meal, but in the cases of financial hardship free meals were available. Each child under the age of 16 years received  $\frac{1}{3}$  pint of milk free each day and the older pupils had cups of tea.

The average attendance of all training centres was 81 per cent.

By arrangement with the Education Department, the examination and treatment facilities of the school health service are available to pupils of school age. Medical examinations for adult pupils at the junior training centres and trainees at the adult training centre are carried out where necessary by Health Department medical staff.

Adult training centre

Adult training centre Number of trainees on register at 31st December, 1967					
Training centre	Males		Females		Total
	Under 16	16 and over	Under 16	16 and over	
Blackley .. .. .	—	99	—	99	198

The Blackley adult training centre premises, formerly a technical high school, has been extensively adapted to provide training places for 100 males and 100 females.

The training accommodation at the centre consists of a transitional classroom, a social education classroom, a cookery training unit, six contract, handicrafts and sewing rooms, a woodwork shop, a metalwork shop, a paint shop, a semi-commercial laundry and a detached house for domestic training.

Three special buses and a mini-bus serve the centre; mid-day meals are provided on the same terms as at the junior training centres and cups of tea are provided for the trainees. The hours of the centre are from 9.30 a.m. to 4.30 p.m. with seven weeks holiday each year, compared with 13 weeks at the junior training centres. Incentive allowances of up to 30/0d. per week are paid to trainees.

### Residential accommodation

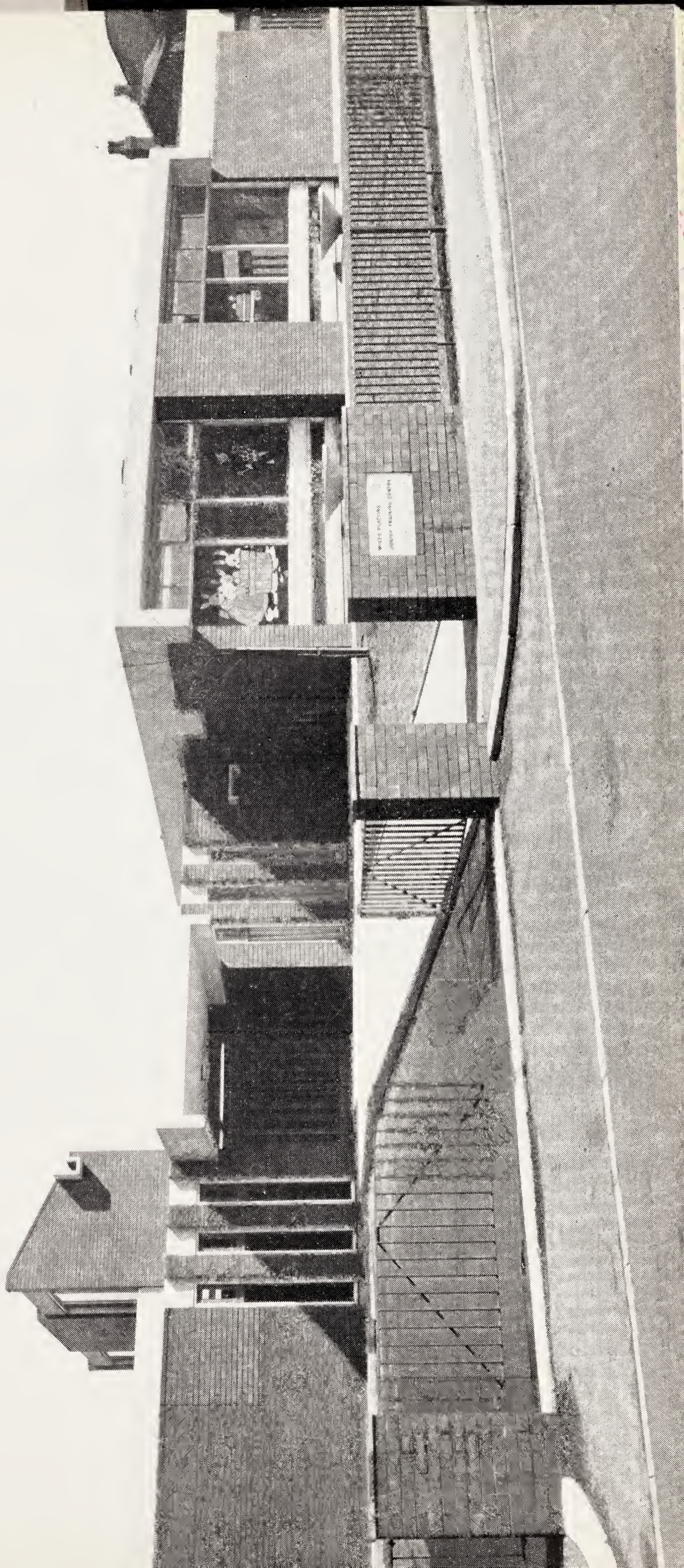
The number of residential places now available is 117 consisting of 32 places for children at the Northenden residential unit, 28 places for adult male subnormals at Summerhill hostel, 29 places for mentally ill women at Forrester House and 28 places for mentally ill men at Plymouth House.

The staffing of the hostels is as follows:—

Staff	Summerhill	Forrester House	Plymouth House	Northenden residential unit
Superintendent (resident) .. ..	1	1	1	—
Matron (resident) .. .. .	1	—	1	1
Assistant superintendent (resident)	1	1	1	—
Assistant matron (resident) .. ..	1	—	1	1
Assistant matron (non-resident) ..	—	1	—	1
Night attendants .. .. .	—	—	—	4
Children's attendants (part time)	—	—	—	20
Cooks .. .. .	1	2	2	2
Domestic assistants (part-time) ..	2	2	2	3
Handymen (part-time) .. .. .	1	1	1	1
Laundress/seamstress .. .. .	—	—	—	1

There were 70 admissions to the Northenden residential unit, 24 long-stay children (for periods of over 2 months) and 46 short-term care and at the end of the year 21 children were in residence.

Although Forrester House is primarily for the mentally ill it was necessary because of a lack of accommodation for adult female subnormals, to admit a small number of subnormals until further hostels are provided. These minority residents had therefore to be selected carefully to ensure that they would integrate with the other residents.



WALLACE H. HARRIS, JR.  
DIRECTOR, TECHNICAL SERVICES



The total number of admissions and discharges for the year at Summerhill, Forrester House and Plymouth House were as follows:—

Admissions				
	Summerhill	Forrester House	Plymouth House	Totals
<i>Reason for admission:—</i>				
Discharged from hospital... ..	6	6	29	41
Incompatible home ... ..	2	5	8	15
From residential accommodation ... ..	—	1	—	1
Request by Court ... ..	—	—	1	1
Behaviour disorder ... ..	5	—	3	8
No home ... ..	—	5	10	15
Short-term care	8	9	12	29
<hr/>				
Total number of admissions ... ..	21	26	63	110
Discharges				
	Summerhill	Forrester House	Plymouth House	Totals
<i>Reason for discharge:—</i>				
To private accommodation ... ..	3	8	19	30
To relatives ... ..	5	6	11	22
To hospitals ... ..	2	2	10	14
Absconded ... ..	2	—	4	6
Unsuitable ... ..	—	—	1	1
To home ex short-term care ... ..	8	9	12	29
To remand centre ... ..	1	—	—	1
<hr/>				
Total number of discharges... ..	21	25	57	103
<hr/>				
	Summerhill	Forrester House	Plymouth House	Total
<hr/>				
Number of residents at 31.12.67 ... ..	28	25	24	77
<hr/>				

At Forrester House five residents were in employment on admission and a further 15 were found employment during the year; at Plymouth House ten were in employment on admission and 35 were found employment; at Summerhill three were in employment on admission and 12 were found employment during the year.

At 31st December, 18 of the 25 residents at Forrester House were in employment, two attended the adult training centre, one the day centre and club, two were employed in the hostel and two were seeking employment. At Plymouth House ten of the 24 residents were in employment, one attended the day centre and club, three were seeking employment and ten were employed about the hostel and on contract work. At Summerhill seven of the 28 residents were in employment, ten attended the adult training centre, two were on the hostel domestic staff and nine were employed about the hostel and its grounds.

### **Employment officer**

A total of 65 patients were placed in employment, excluding residents at the hostels. In three cases it was impossible to place patients successfully and in a further three cases several posts had to be found before they settled to a work routine. Fourteen patients were referred to the Ministry of Labour Disablement and Resettlement Officer for sheltered employment.

### **Progress in the provision of mental health services**

Two new purpose-built junior training centres came into operation during the year at Rusholme, in January, and Miles Platting in November.

The new Rusholme junior training centre, which replaces the Victoria Park junior training centre, provides 120 places, including creche accommodation for ten children.

The new purpose-built Miles Platting junior training centre has places for 80 children including 20 places in the special care unit where there are physiotherapy facilities for mentally subnormal children with additional physical handicaps. The opening of these two new centres bring the total number of places for doubly handicapped children to 50.

After discussions at the Ministry of Health in January, work was commenced on the erection of the 200 place Wythenshawe adult training centre; completion is expected in September, 1968.

### **Visits**

Visits were paid to the mental health service by Mr. Kenneth Robinson, M.P. the Minister of Health, Dr. N. S. Gordon, Consultant Neurologist, Royal Manchester Children's Hospital, Dr. B. Epstein, Consultant Paediatrician, the Duchess of York Hospital for Babies, Mrs. Wollias, Kingston-upon-Hull mental health service, and members of the staff of the Sheffield mental health service.

## **Sanitary Services Division**

Introduction

Inspections and visits

Water supply

Food supply

Hygiene

Milk and ice cream control

Adulteration

Smoke prevention

Industrial

Prior approval of the installation of furnaces

Smoke control areas

Recording of atmospheric pollution

Housing conditions

Clearance areas

Rehousing: medical circumstances

Abatement of overcrowding

Houses in multiple occupation

Repairs

Certificates of disrepair

Improvement or conversion grants

Common lodging-houses

Movable dwellings

Canal boats

Occupational conditions

Industrial premises

Non-industrial premises

Offices, shops and railway premises

Factory outworkers

Shops Acts 1950 to 1965

Young persons (Employment) Acts, 1938 and 1964

General sanitary conditions

Infectious disease

Stopped-up drains and sewers

Examination of drains

Drainage works, defects and repairs

Sanitary accommodation

Disposal of refuse

Rodent control

Eradication of insect pests

Feral pigeons

Offensive trades

Effluvium nuisance

Noise nuisance

Land used by pleasure fairs

Rag flock and other filling materials

Consumer Protection Act, 1961

Export of rags and second-hand clothing

Swimming baths

Establishments for massage or special treatment

Hairdressers and barbers

Sale of certain poisons

Exhumations and burial grounds

Public conveniences

Sewerage and sewage disposal



## Sanitary Services Division

J. Graham, M.B.E., F.A.P.H.I., F.R.S.H. Chief Public Health Inspector.

The work of the division, being concerned with environmental health duties of the Corporation, continued to be dominated by housing conditions and clean air, together with the promotion of food hygiene and the improvement of general sanitary circumstances. The annual review also shows the increased attention given to conditions in non-industrial employment.

Concerning housing conditions and the planned approach to the clearance of unfit houses, 6,047 were represented for demolition, compared with 6,014 and 5,690 respectively in the two previous years. The number of unfit houses demolished was 4,643 and action was taken to secure the repair of approximately 4,800 houses. Whilst there was an increase in the improvement of suitable houses, with the aid of standard or discretionary grants, the number remained low, 265 compared with 181 in the previous year. The department co-operated in a national house condition survey of the Ministry of Housing and Local Government, in the areas of 262 local authorities, including Manchester. As announced by the Minister full analysis of the results would take some time, but the survey suggested that unfit housing was more prevalent and less concentrated than had been thought.

The ultimate benefit to be secured from the clean air policy was demonstrated in the measured reductions of smoke, between 65 and 75 per cent, and sulphur dioxide, 23 to 38 per cent, in the established smoke control areas. There was also some consequential improvement at measurement sites in the remaining half of the City's area yet to be dealt with, but there is an urgent need for the full benefits of clean air above all to be applied to the whole of the City, in which only approximately 35 per cent of the premises are subject to smoke control orders.

In the surveillance of the handling, storage or preparation of food for sale the circumstances of contraventions of the Food Hygiene (General) Regulations, 1960, necessitated prosecutions in respect of a bakehouse, three catering establishments and a shop. Fines totalling £190 were imposed together with £19 13 0 in costs. Similarly the failure of an ice cream vendor and a "hot dog" street trader to comply with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, resulted in fines totalling £46 0 0 and £7 7 0 costs.

The number of detailed inspections under the Offices, Shops and Railway Premises Act, 1963, was increased to 3,127, compared with 1,735 and 682 in the two previous years respectively. Approximately 44 per cent of the total number of registered premises remain to be so dealt with. Unlike earlier experience the remedying of unsatisfactory conditions, mainly deficiencies in first-aid requisites, cleanliness, sanitary conveniences, washing facilities and the relatively frequent absence of a thermometer, did not necessitate any Court proceedings. The number of notified accidents, 286, remained relatively low in relation to the total of approximately 140,000 employees at 10,333 registered premises. No fatal accident was known to have occurred, compared with three reported during the previous year.

In the course of their various duties the public health inspectors took every opportunity to secure the adoption of the best contemporary practices by managements, additional to the observance of interrelated statutory requirements which inevitably tend to represent basic minimal standards. The continued shortage of inspectors, however, although improved somewhat following the annual intake of newly qualified student inspectors, handicapped the performance of many of these duties. Fortunately, with student inspectors attending the highly successful training scheme, the integrated "sandwich" course at

the Royal College of Advanced Technology, now the University of Salford, or at the Technical College, Salford, provided new inspectors in excess of current resignations. The nett result was a total of eighteen vacancies, representing a deficiency of approximately twenty-two per cent in the establishment of public health inspectors. Resignations of technical assistants, engaged on certain housing duties and on the domestic smoke control programme, were partially off-set by the recruitment of successors, but seven vacancies remained unfilled.

Despite these and related difficulties, coinciding with the increasing pressure and scope of the division's duties, the manner in which staff coped with the work continued to be a matter for appreciation and record.

## Inspections and visits

### Water

To obtain samples of water for chemical and bacteriological examination .. .. .	79
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### Food supply

Restaurants and snack bars .. .. .	907
Factory canteens .. .. .	77
Bakehouses .. .. .	235
Food preparation premises .. .. .	711
Markets—sale of food .. .. .	45
Shops—sale of food .. .. .	1,368
Hotels, beerhouses and licensed clubs .. .. .	745
Hawkers of food and storage premises .. .. .	127
Dairies and milk shops for milk samples .. .. .	370
Shops for other food and drugs samples .. .. .	640
Shops, markets, etc.—sampling .. .. .	1,020
Dairies and milk distribution premises .. .. .	350
Pasteurizing and sterilizing plants .. .. .	570
Hospitals, schools and day nurseries .. .. .	360
Premises used for the manufacture of ice cream .. .. .	261
Premises used for the sale of ice cream .. .. .	390
Food delivery vans .. .. .	64
Food vending machines .. .. .	37

### Smoke prevention

Works, etc. .. .. .	539
Premises—survey for smoke control areas .. .. .	56,605

### Housing conditions

Primary inspections of dwelling-houses (Public Health Act, 1936, Housing Act, 1957, etc.) .. .. .	19,691
Subsequent inspections of dwelling-houses .. .. .	20,676
Overcrowding .. .. .	1,668
Rehousing—medical cases .. .. .	1,655
Applications for certificates of disrepair, etc. (Rent Act, 1957) .. .. .	29
Applications for improvements grants .. .. .	480
Common lodging houses .. .. .	26
Caravan dwellings .. .. .	1,763
Canal boats .. .. .	32
Supervision of work in default .. .. .	6,751
Houses in multiple occupation .. .. .	3,225
Improvement areas — survey .. .. .	330

### Occupational conditions

Homes of outworkers .. .. .	93
Factories .. .. .	1,399
Shops—Shops Act .. .. .	6,206
Other business premises .. .. .	1,121
Offices, Shops and Railway Premises Act, 1963 .. .. .	6,793

### Infectious disease

Primary visits after notification .. .. .	1,373
Subsequent visits .. .. .	372
Contacts .. .. .	1,032
Food poisoning .. .. .	640

## General sanitary conditions

Burial grounds, exhumations, etc. . . . .	5
Cesspools, pailclosets, etc. . . . .	22
Cinemas, theatres, dance and billiard halls . . . . .	125
Effluvium nuisances . . . . .	596
Establishments for massage or special treatment . . . . .	79
Export of washed rags and second-hand clothing . . . . .	15
Hairdressers' and barbers' shops (Manchester Corporation Act, 1950) . . . . .	1,203
Hospitals, nursing homes and agencies . . . . .	43
Infirm persons . . . . .	13
Land used for pleasure fairs . . . . .	26
Land, refuse deposits, etc. . . . .	1,782
Noise . . . . .	805
Offensive trades . . . . .	65
Poultry processing premises . . . . .	34
Premises for the purpose of examination of drains . . . . .	582
Piggeries . . . . .	101
Rag flock and other filling material. . . . .	57
Railway stations . . . . .	32
Rodent infestations—primary visits. . . . .	10,326
Refuse tips . . . . .	26
Sale of certain poisons (Pharmacy and Poisons Act, 1953) . . . . .	161
Sanitary accommodation, etc. in parks . . . . .	49
Sanitary accommodation, etc. at schools, churches . . . . .	159
Streets, passages, roadways and footpaths . . . . .	1,503
Swimming baths . . . . .	72
Verminous premises . . . . .	297
Watercourses . . . . .	114
Miscellaneous . . . . .	12,155

## Water Supply

Manchester's principal sources of water supply are the impounding reservoirs of Thirlmere and Haweswater in the Lake District and, to a lesser extent, the Longdendale Valley on the Cheshire-Derbyshire border. Distribution is by trunk mains, service reservoirs and mains, relying for the most part on gravity to the limits of the distribution areas, but with booster stations maintaining the pressure in higher level districts.

Extensive routine sampling and examinations of the water supplies were undertaken by the Waterworks Department's laboratory. In addition, public health inspectors obtained 32 samples for chemical analysis and 37 for bacteriological examination from dwelling-houses, canteens, hospital and day nurseries.

Ten complaints of the quality of the supplies at different premises were received and investigated. Four were concerned with discolouration and four in connection with illness which, however, investigations and examinations did not support. Two complaints referred to a peculiar taste in the water. When necessary, further samples were taken and found to be satisfactory. Additionally, the Engineer and Manager of the Manchester Corporation Waterworks Department was informed of all complaints received and of the results of all chemical and bacteriological examinations of samples taken by the inspectors.

The public analyst declared all water samples to be chemically satisfactory, subject to satisfactory bacteriological reports from the Public Health Laboratory Service. These are summarised in the following statement:—

District	No. of samples	Samples free from coliform bacteria	Faecal coli found		Non-faecal coli found		Service reservoir	Source
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.		
Ancoats.. ..	1	1	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Baguley.. ..	4	4	—	—	—	—	Lostock/Woodhill	Haweswater Thirlmere
Beswick.. ..	2	1	1	1	1	3	Godley	Godley
Blackley .. ..	4	4	—	—	—	—	Heaton Park	Heaton Park
Burnage .. ..	2	2	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Chorlton-cum-Hardy	1	1	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Chorlton-on-Medlock	1	1	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton
Crumpsall .. ..	3	3	—	—	—	—	Heaton Park	Heaton Park
Moston.. ..	2	2	—	—	—	—	Woodhill	Haweswater
Longsight .. ..	6	3	2	5:1	3	160:3:8	Audenshaw or Denton	Audenshaw/Denton
Newton Heath ..	4	4	—	—	—	—	Godley	Godley
Northenden .. ..	2	2	—	—	—	—	Lostock/Woodhill	Haweswater/Thirlmere
Northern Moor ..	1	1	—	—	—	—		
Openshaw .. ..	3	2	1	1	1	1	Lostock/Woodhill	Haweswater/Thirlmere
Whalley Range ..	1	1	—	—	—	—	Audenshaw or Denton	Audenshaw/Denton

In 721 instances, action was taken under section 25 of the Manchester Corporation Act, 1956, to provide for the expeditious restoration of an adequate water supply to dwellinghouses where, often as a result of vandalism or theft to the common pipe, the supply had been cut off.

**The Engineer and Manager of the Manchester Corporation Waterworks supplied the following information concerning Manchester's water supply:—**

The water has been of satisfactory quality throughout the year.

### Summary of laboratory results

#### Chemical

#### Thirlmere and Haweswater

Typical analyses of these lakes are shown below:—

	<i>Thirlmere</i>	<i>Haweswater</i>
pH value .. .. .	6.3	6.7
Colour as p.p.m. platinum .. .. .	10	16
Turbidity, p.p.m. silica scale .. .. .	0.9	1.2
	<i>(parts per million)</i>	
Total solids dried at 180°C .. .. .	26	38
Free acidity as CO <sub>2</sub> .. .. .	5	3
Alkalinity as CaCO <sub>3</sub> .. .. .	7	14
Total hardness as CaCO <sub>3</sub> .. .. .	14	18
Chlorides as Cl <sub>2</sub> .. .. .	7	6
Nitrates as N <sub>2</sub> .. .. .	0.07	0.10
Nitrites as N <sub>2</sub> .. .. .	nil	nil
Ammoniacal nitrogen as N <sub>2</sub> .. .. .	0.03	0.02
Albuminoid nitrogen as N <sub>2</sub> .. .. .	0.06	0.05
Oxygen absorbed from KMnO <sub>4</sub> , 4 hours at 27°C ..	0.80	1.10
Silica as SiO <sub>2</sub> .. .. .	2	2
Iron as Fe .. .. .	0.06	0.07
Manganese as Mn .. .. .	0.02	0.01
Fluoride as F .. .. .	<0.10	<0.10

The water leaving Thirlmere is dosed with hydrated lime for pH correction and sterilised with chloramine. It is re-sterilised at Middlebrook in Manchester before distribution.

Haweswater water is microstrained and chlorinated at Garnett Bridge, about 10 miles from the lake, and it is also re-chlorinated before distribution.

**Thirlmere and Haweswater: distributed supplies**

An analysis of the mixed supply, taken from a house tap, is as follows:—

pH value	7.7
Colour (Hazen units)	10
Turbidity (silica scale)	< 2
(parts per million)	
Free acidity as CO <sub>2</sub>	Nil
Alkalinity as CaCO <sub>3</sub>	18
Total hardness as CaCO <sub>3</sub>	23
Chlorides as Cl <sub>2</sub>	8
Oxygen absorbed test, 4 hours at 27°C	0.6
Iron as Fe	0.06
Manganese as Mn	Nil
Fluoride as F	< 0.1

Lead estimations carried out recently on these supplies show that the lead content is less than 0.05 p.p.m.

**Longdendale raw water prior to treatment**

This supply, derived from a peaty gathering ground, is subject to wide seasonal variations during the year. The range of analytical results obtained over a long period is given:—

pH value	3.9	to	6.6
Colour as p.p.m. platinum	3	to	54
Turbidity p.p.m. silica scale	2	to	17
(parts per million)			
Total solids dried at 180°C	51	to	64
Free acidity as CO <sub>2</sub>	3	to	10
Alkalinity as CaCO <sub>3</sub>	nil	to	8
Total hardness as CaCO <sub>3</sub>	25	to	35
Chlorides as Cl <sub>2</sub>	8	to	12
Oxygen absorbed test, 4 hours at 27°C	0.65	to	3.45
Nitrates as N <sub>2</sub>	0.3	to	0.6
Nitrites as N <sub>2</sub>	nil	to	nil
Ammoniacal nitrogen as N <sub>2</sub>	0.03	to	0.05
Albuminoid nitrogen as N <sub>2</sub>	0.03	to	0.10

Longdendale water receives full chemical treatment for the removal of colour, turbidity, iron and manganese. Lime is added for pH correction and sterilisation is by chlorination. The treated water is not plumbosolvent.

**Longdendale supply**

Analytical results from samples from house taps.

Date	27th November	7th August
Laboratory No.	C.4583	C.4114
pH value	8.8	9.4
Colour (Hazen units)	2	3
Turbidity (silica scale)	nil	< 1
(parts per million)		
Free acidity as CO <sub>2</sub>	nil	nil
Alkalinity as CaCO <sub>3</sub>	10	14
Total hardness as CaCO <sub>3</sub>	46	48
Chlorides as Cl <sub>2</sub>	14	16
Oxygen absorbed test, 4 hours at 27°C	0.6	0.3
Iron as Fe	0.02	0.03
Manganese as Mn	0.01	0.01
Fluoride as F	< 0.1	< 0.1

**Bacteriological summary**  
**Aqueducts and reservoirs**

Sample source	Total number of samples	Samples free from coliform bacteria	Faecal coli present		Non-Faecal coli present	
			No. of samples	Count per 100 mls	No. of samples	Count per 100 mls
<i>Aqueducts</i>						
<i>Thirlmere</i>						
Middlebrook strainers.. ..	45	28	4	2-3	15	1-25
Middlebrook North Well .. ..	7	7	0	..	0	..
<i>Haweswater</i>						
Woodgate Hill inlet .. ..	49	46	0	..	3	1-2
<i>Longdendale</i>						
Raw water, Arnfield .. ..	48	10	Thirty-eight samples gave presumptive coliform counts of 1-90 per 100 mls.			
Godley inlet ..	52	45	3	1-3	6	1-6
<i>Service reservoirs</i>						
Audenshaw No. 1 ..	14	1	The 13 samples had presumptive counts of 6-180+ per 100 mls. water.			
Audenshaw No. 2 ..	13	1	Twelve samples showed presumptive counts 1-180+ per 100 mls water.			
Audenshaw No. 3 ..	10	0	All samples had presumptive counts between 35-180+ per 100 mls water.			
Audenshaw raw water	1	0	This sample had a presumptive count of 5 per 100 mls water.			
Godley outlet .. ..	50	50	0	..	0	..
Heaton Park outlet ..	45	42	The three samples showed presumptive counts of 1, 2 and 90 per 100 mls water.			
Woodgate Hill outlet	50	50	0	..	0	..

Apart from Godley, the water leaving each service reservoir is sterilised before distribution.

**Chlorinated supplies prior to distribution**

Sources	Total no. of samples	Coliform bacteria free samples	Faecal coli present		Non-faecal coli present	
			No. of samples	Count per 100 mls	No. of samples	Count per 100 mls
Audenshaw .. ..	58	58	0	..	0	..
Denton .. ..	26	24	1	1	1	1
Godley .. ..	50	50	0	..	0	..
Totals	134	132	1	1	1	1

It is difficult to maintain a sterile water in a large distribution system without sometimes producing a chlorinous taste in the water.

## Distributed chlorinated supplies

Sources	Total no. of samples	Coliform bacteria free samples	Faecal coli present		Non-faecal coli present	
			No. of samples	Count per 100 mls	No. of samples	Count per 100 mls
Audenshaw or Audenshaw/ Denton .. .. .	638	570	4	1, 2, 2 & 16	67	1-25
Godley .. .. .	248	227	1	2	21	1-25
Haweswater .. ..	153	144	1	2	8	1-25
Heaton Park .. ..	697	615	2	1 & 6	81	1-25
Thirlmere .. .. .	601	560	1	1	41	1-25
Thirlmere and Haweswater .. ..	504	479	3	1, 1, & 2	24	1-25
Totals	2,841	2,595	12	1-16	242	1-25

The water supplies have been continuously chlorinated throughout the year. Aftergrowths of coliform bacteria have occurred in the mains deposits; these have often been found in samples taken after mains disturbances.

The summary of bacteriological results for water entering the distribution system, including the distributed water, is given below:—

Total number of samples .. .. .	2,975	
Coliform free samples .. .. .	2,727	91·7 per cent
Samples free from faecal coli .. .. .	2,962	99·6 per cent

There is a slight improvement in bacteriological quality of the water when compared with last years results.

## Plumbosolvency

All the sources of supply are treated with lime before distribution to reduce any risk of lead take-up in supply. The results obtained on several samples analysed during 1967 showed that the lead content of the water was <0·05 p.p.m., i.e. the limit of detection by the method used. (The new World Health Organisation standard is not more than 0·05 p.p.m. of lead in the water supplied.)

## Radioactivity in rainfall and drinking water

Rainfall samples are collected over a period of 14-15 days; the containers are changed on the 1st and 15th of each month. Weekly samples are taken of the Longdendale raw and final waters and of the Haweswater supply arriving at Manchester.

The results represent the gross beta activity expressed as “pico-curies per litre of Strontium 90/Yttrium 90”.

<i>Sources</i>	<i>Period</i>	Radioactivity as pci/l range	Weighted mean
Rainfall	1st quarter	30.3 to 1790.4	135.0
	2nd quarter	18.0 to 135.1	44.1
	3rd quarter	7.7 to 20.2	12.1
	4th quarter	3.3 to 15.1	6.0
Longdendale raw water	1st quarter	4.9 to 29.8	9.5
	2nd quarter	3.6 to 8.2	5.3
	3rd quarter	3.7 to 7.7	5.2
	4th quarter	2.6 to 8.0	5.8
Longdendale final water	1st quarter	3.7 to 27.4	7.7
	2nd quarter	1.3 to 10.2	4.2
	3rd quarter	2.5 to 6.3	4.2
	4th quarter	1.0 to 6.4	4.4
Haweswater	1st quarter	2.5 to 12.2	6.5
	2nd quarter	1.2 to 6.8	4.7
	3rd quarter	1.9 to 6.3	4.5
	4th quarter	1.0 to 9.4	6.0

The extremely high value for radioactivity in the rainfall during the first quarter of 1967, was caused by the Chinese nuclear explosion during December, 1966.

The rainfall for the above quarters at Denton measured 5.0, 5.7, 5.6 and 7.5 inches respectively.

### Action taken in respect of any form of contamination

If contamination occurs on the distribution system, flushing, swabbing and, if necessary, re-sterilisation of the main are carried out. Bacteriological samples are taken and the main is not put back into service until satisfactory results have been obtained.

## Food Supply

Ten new regulations dealing with the labelling, safety, purity and quality of food were enacted during the year. Some of these regulations re-enact, with amendments, earlier orders and regulations, whilst others prescribe entirely new requirements. The operative dates for most of these regulations allow for periods of up to three years before compliance becomes mandatory.

The Food (Control of Irradiation) Regulations, 1967, came into operation on 1st June, 1967, and prohibit the irradiation of food and food products intended for human consumption and the importation of products so treated. The regulations do not apply to low-level radiation from nucleonic measuring instruments.

The Artificial Sweeteners in Food Regulations, 1967, became fully operative on 1st December, 1967, and revoke the Food Standards (Saccharin Tablets) Order, 1953, and the Artificial Sweeteners in Food Order, 1953. These new regulations permit the use in foods of cyclamic acid, calcium cyclamate, sodium cyclamate and saccharin as artificial sweeteners; they lay down compositional requirements for sweetening tablets, prescribe names by which they are to be described on labels, and provide specifications of purity.

The Meat Pie and Sausage Roll Regulations, 1967, specify requirements for the composition, labelling and description of meat pies (including meat pies containing meat and vegetables, and meat pies containing meat and egg, meat and cheese, or meat, egg and cheese) and sausage rolls, and for the advertising of these products. These regulations, made on 31st May, 1967, do not become operative until 31st May, 1968.

The Canned Meat Product Regulations, 1967, were made on 31st May, 1967, and specify compositional requirements for canned meat products and complete meat products used as ingredients of canned meat products, requirements for the labelling and description of canned meat products and for the advertising of such products, and amendments to Schedule I of the Labelling of Food Order, 1953. These regulations do not become operative until 31st May, 1969.

The Sausage and other Meat Product Regulations, 1967, have been made in conjunction with the Canned Meat Product Regulations, 1967, and similarly do not become operative until 31st May, 1969. The regulations specify requirements for the composition of meat products including sausages and for complete meat products used as ingredients of other meat products, and requirements for the labelling, description and advertising of meat products.

The Solvents in Food Regulations, 1967, made on 25th October, 1967, but not operative until 3rd November, 1969, prohibit the use in food of all solvents, except nine named agents. The regulations lay down specifications of purity for all permitted solvents and the form of declaration to be made on solvents which are sold as such. The Solvents in Food (Amendment) Regulations, 1967, made on the 19th December, 1967, make one correction to the specification of glycerol tri-acetate, a permitted solvent, set out in Schedule I to the Solvents in Food Regulations, 1967.

The following regulations, although made on 4th December, 1967, do not become operative until the 4th January, 1971, with the exception referred to in respect of the Labelling of Food Regulations, 1967:—

(a) The Coffee and Coffee Product Regulations, 1967, supersede with amendments the Food Standards (Coffee Mixtures) Order, 1952, and Article 7(3) of the Labelling of Food Order, 1953,

(b) The Margarine Regulations, 1967, replace, with amendments, the Food Standards (Margarine) Order, 1954, the Food Standards (Butter and Margarine) Regulations, 1955 (insofar as they apply to margarine), and Part IVA of, and supporting definitions in the Labelling of Food Order, 1953, as amended,

(c) The Ice Cream Regulations, 1967, supersede, with amendments, the Food Standards (Ice Cream) Regulations, 1959, and the provisions of the Labelling of Food Order, 1953, as amended, which relate to ice cream (Article 6A),

(d) The Labelling of Food Regulations, 1967, in substitution of certain provisions of the Labelling of Food Order, 1953, as amended, relate to the labelling and description of food, but in their application to any food (other than a soft drink) containing cyclamate, the regulations become operative on 1st January, 1968.

## Hygiene

The number of food premises subject to the various provisions of the Food Hygiene (General) Regulations, 1960, was approximately 7,200 compared with 7,500 in the previous year; the reduction resulted mainly from the demolition of properties in the redevelopment of various parts of the City, together with the current trend towards the replacement of small family single trade businesses by larger retail units, in particular self-service multi-trade establishments. The distribution of food premises within the three principal categories was: food retailers, 3,950, catering establishments, including clubs and canteens, 3,050, and food factories and warehouses, 200.

The total number of 5,790 inspections of food premises included those of establishments such as clubs supplying meals or snacks, with or without intoxicants, mobile canteens and vehicles used for the sale of "hot-dogs" in the streets.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, which became operative on the 1st January, also supplemented the earlier requirements of the Manchester Corporation Acts, 1946 and 1965, concerning street traders dealing with the sale of food, the premises they use, either for the storage of food and/or the keeping of their vehicles. Twenty-one persons were granted registration.

Although, generally, the conditions found at food premises or on vehicles did not necessitate formal action, contraventions of the regulations at a bakehouse, three catering establishments and two shops were such that prosecutions ensued and fines were imposed totalling £190, together with £19.13s. costs. Additionally, two street food traders, one selling ice cream and the other "hot-dogs", were fined £46 with £7.7s. costs, on their failure to comply with the Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966.

Under the requirements of the Manchester Corporation Act, 1954, section 61, premises are licensed for the slaughtering or dressing of poultry. Unsatisfactory conditions at four of these establishments were remedied promptly on cautions from the inspectors.

The arrangement for a public health inspector to accompany the Licensing Justices, in their visits to premises applying for licences for the sale of intoxicating liquor, continued to facilitate the observance of the department's requirements, concurrently with those of the Justices; 152 premises were visited.

The plans of proposals for 113 new buildings, or of structural alterations to existing buildings, received by the City Architect for Building Regulations' approval, were also forwarded to the department for scrutiny and recommendations in respect of food hygiene and related requirements.

Following the comprehensive survey of the storage, preparation and handling of food at a hospital during the previous year, a similar inspection was made, on invitation, at another hospital, and subsequent recommendations were implemented.

By arrangement with the managing director, senior staff members of a large firm operating a chain of supermarket stores in the North West attended a food hygiene discussion conducted by two public health inspectors from the department.

## Unsound food

Arising from the full operation of the revised arrangements for the acceptance of the voluntary surrender of food found to be unfit for human consumption, 561 visits were made to the premises of wholesalers and retailers.

These arrangements replace the practice of receiving foodstuffs delivered for surrender and subsequent removal from the City abattoir and allow traders to deliver direct to the disposal point. In this way an undesirable duplication in the handling, temporary storage and transport of the unsound food is eliminated and the inspection of other stock and equipment at the particular food premises is facilitated.

A large proportion of the surrendered foods comprised frozen foods which had become defrosted following mechanical breakdown of the refrigeration systems of frozen food cabinets. Frequently, faulty maintenance, allowing a build-up of ice at the bottom of self-defrosting cabinets, had caused blockage of the drainage outlets, with the ultimate overloading and breakdown of the refrigeration motors. Other reasons for the surrender of foodstuffs were blown and damaged cans, "flat sours", and deterioration or contamination during storage. Where appropriate, public health inspectors directed attention to measures necessary to prevent recurrence.

### Food poisoning

Sixty-four incidents of illness attributed to food poisoning involving 192 cases (including five cross-infections), 41 associated symptomless excretors and four unassociated symptomless excretors, were investigated. The organisms responsible were identified in 85 cases. *Clostridium welchii* was isolated in 41 cases and various strains of *Salmonella typhimurium* in 28 cases. There were five cases of *Salmonella virchow*, three cases of *Salmonella stanley*, two cases of *Salmonella anatum* and one each of *Salmonella enteritidis*, *derby*, *manchester*, *manhattan*, *panama* and *livingstone*.

*Clostridium welchii* was isolated in 41 cases concerning three outbreaks, one at a wedding reception at which 100 guests were at risk, 33 of whom became ill. Sliced boiled ham and cold chicken were the common foods, these having been brought into the reception room some four hours before the meal was eaten, while the chickens had been cooked the day before. Four persons affected in another outbreak had eaten a meal after attending a funeral in an adjoining area where 20 persons had been affected.

Subsequent to two associated outbreaks, in which 65 people were affected and the causal organism was not isolated, investigations revealed a *Salmonella typhimurium* outbreak among the catering staff, involving four cases, two cross-infections and 13 associated symptomless excretors. In addition, the organism was found in two of 40 samples of food and in two of 80 swabs taken from working surfaces in various parts of the kitchen. The discovery of the *Salmonella*-infected persons, food and working surfaces indicated a build-up of infection due to lack of hygiene in the kitchen, which was of modern design and construction. Some thousands of meals were served daily from food prepared in this kitchen, without any previous indication of food poisoning having occurred amongst the diners.

Following a routine sample of faeces taken from a child with loose stools, an outbreak of *Salmonella virchow* was discovered in a residential nursery. Several specimens of faeces submitted by all the residents and staff indicated one original case, three subsequent cases (one of whom resided in the area of an adjoining authority), and 16 symptomless excretors. It was at first thought that the outbreak was connected with several cases of *Salmonella virchow* which had occurred in the areas of adjoining authorities and traceable to infected chickens, but subsequently there was no evidence to substantiate this.

Of the 47 separate incidents, *Salmonella* organisms were isolated in 30 cases, of which *Salmonella typhimurium* was responsible for 17. Heat-resistant *Clostridium welchii* was isolated in one case and in the remaining 16 no causal agent was identified. There were also eight family outbreaks involving 18 persons, from whom *Salmonella typhimurium* was isolated in six cases and no causal agent identified in the remaining 12.

In addition, 37 cases of suspicious illness were investigated without being found to be associated with food poisoning organisms.

Six contacts of *Salmonella* cases, occurring in the areas of other authorities, were investigated and specimens of faeces submitted for examination; all proved to be negative.

**Pasteurized liquid egg**

Nine samples of pasteurised liquid egg were obtained from bakeries in the City. These samples, involving five different sources of supply, were submitted to the Public Health Laboratory for examination by the *alpha-amylase* test as prescribed in the Liquid Egg (Pasteurization) Regulations, 1963. All samples satisfied this test.

**Milk and ice cream control**

The regular supervision of premises, equipment and methods continued, including the submission of samples to the Public Health Laboratory Service for bacteriological and biological examination.

**Milk**

Five dairies continued to be licensed for the operation of pasteurizing and sterilizing plants. Retail distributing is also carried out from four of the dairies, whilst the fifth distributes only to depots from which retail customers are supplied. Regular inspection of the plants was maintained and samples of milk taken to check efficiency in operation. In addition, random sampling of milk was carried out from vehicles distributing to retail customers and shops, and in course of delivery to hospitals, schools and day nurseries. Two hundred and thirty-four such samples were submitted to the Public Health Laboratory for examination by the prescribed tests. All samples were examined by the *phosphatase* test for pasteurization, the turbidity test for sterilization, the colony count for ultra-high treatment and the half hour *methylene blue* test for keeping quality. All samples were satisfactory, with the exception of one sample of pasteurized milk, taken from a retailer's vehicle in course of distribution, which failed the *methylene blue* test. The subsequent investigation as to the cause of that failure was inconclusive, but follow-up samples were satisfactory. It was not necessary to institute legal proceedings to secure compliance with the Milk and Dairy Regulations.

Prescribed test of pasteurized and sterilized milks

Place of collection of samples	No. of samples examined	Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Pasteurizing plant at dairy .. ..	46	46	100·0	—	—
Hospitals .. .. .	14	14	100·0	—	—
Schools .. .. .	13	13	100·0	—	—
Day nurseries .. .. .	9	9	100·0	—	—
On road during distribution .. ..	152	151	99·35	1	0·65
Totals .. .. .	234	233	99·57	1	0·43

## **Brucella abortus**

Since all of the large City dairies have ceased to retail "untreated milk", this milk is now sold only by two producer-retailers, whose premises are situated on the outskirts of the City. Eight samples of "untreated milk" were submitted to the Public Health Laboratory for examination for brucella and tubercle organisms and all were found to be free from these organisms.

## **Milk supply to hospitals, schools and day nurseries**

Samples of milk, supplied to hospitals, schools and day nurseries in the City, were submitted for bacteriological and chemical examination and found to be satisfactory.

The milk supply to Langho Colony was sampled bi-monthly and found to be satisfactory in regard to efficient pasteurization and in keeping quality. Samples of "untreated milk" produced from the farm herd at the colony, submitted to the Public Health Laboratory Service for bacteriological examination, were found to be free from tubercle and brucella organisms. The samples submitted to the public analyst for chemical examination were also satisfactory. All the milk produced on the farm continued to be sent to a local processing dairy for pasteurization and no "untreated milk" was used at the colony.

Relatively few complaints were received of milk bottles being either dirty or containing foreign matter. Dairies have the responsibility of ensuring that all their bottles are thoroughly cleansed and sterilised before use in the distribution of milk. For this purpose they maintain expensive plant, but gross misuse of bottles by some consumers certainly presents a risk of failure to secure the effective cleansing. From approximately 829,000 bottles and 91,500 cartons of milk dealt with daily by the City dairies, 27 bottles were the subject of complaint. Each instance was investigated by the department, and in one case the circumstances were such that the dairy proprietors were prosecuted and fined £11. 3s. including costs.

There was no evidence of any illness attributable to milk or of the milk supply containing any tubercle organisms.

There are 2,012 distributors of milk registered in the City, each holding the appropriate designated milk licence as required by the Milk (Special Designation) Regulations, 1963-65.

## **Ice cream**

There were 29 registrations of premises for the sale of ice cream, 23 being new registrations and six being changes of occupier of premises already registered. The total number of premises now registered for the manufacture and/or sale of ice cream is 2,377, the majority of which sell only pre-packed ice cream from totally enclosed deep-freeze cabinets.

No complaints were received from the public with regard to this commodity, and no infection was found or reported to the department as being attributable to the consumption of ice cream.

With one exception, all samples of ice cream taken for bacteriological examination were placed in provisional grade 1. The exception was a sample which, on examination, was placed in provisional grade 4. This sample had been purchased from a motorised ice cream stall, the condition of which was such that proceedings were taken against the owner for six contraventions of the Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966, resulting in a fine and costs totalling £12. 2s.

## **Food and drugs adulteration**

The number of samples of food and drugs totalled 2,706, of which 680 were milk samples. Five hundred and twelve of the milk samples were procured during retail distribution and on delivery to hospitals, schools and day nurseries. One sample contained 1·3 per cent of added water; the producer-retailer was cautioned and further samples were satisfactory. The remainder conformed to the standard prescribed by the sale of Milk Regulations, 1939.

Seventy-three samples of milk were taken from producers' consignments to City dairies. Three samples, found to be below the presumptive standard for fat, formed part of consignments satisfying that standard. Four other samples, although not complying with the presumptive standard for fat and solids other than fat, were adjudged genuine after being submitted to the Hortvet freezing point test.

Seventy-one samples of the milk produced by the herd at the Langho Colony farm were obtained and, in addition, 24 samples were taken of pasteurized milk received at the colony. All samples were found to be satisfactory.

Two thousand and twenty-six samples of other food and drugs were obtained and submitted to the public analyst for examination. Thirty-four samples, in which adulteration or irregularity was found, were dealt with in the following manner:

The packers or manufacturers of 20 pre-packed commodities were cautioned for minor infringements of the Labelling of Food Order, 1953. An importer was informed and cautioned when a sample of lentils contained 1·2 per cent of small stones. A sample of aspirin tablets failed to comply with the B.P. standard for "uniformity of weight", but further samples were satisfactory. The fruit of a blackcurrant pie consisted of blackcurrants and apple; it was ascertained that a batch of pies had inadvertently been packed in the wrong cartons and this was remedied immediately. There was no remaining stock of imported canned mixed vegetables, a sample of which had been found to contain an undeclared colour. A can of black cherries contained a prohibited colour and all existing stocks were withdrawn from sale. A colour which became prohibited in June 1967 was found in a cake mix; an investigation revealed that the cake mix had been manufactured prior to June, 1967, and there was no remaining stock. It was ascertained that the importation of a soft cheese deficient in fat had been discontinued. Remaining stocks of luncheon meat, a sample of which had been found to be deficient in meat, were withdrawn from sale. A vitamin orange drink was deficient in vitamins due to an error in processing; the remaining stocks were withdrawn from sale and the label amended to conform with the vitamin content claim. Two samples of salmon-spread were slightly deficient in fish content; the manufacturer was interviewed and in consequence the fish content was increased and further samples were satisfactory. An excess of mould filaments above the generally recognised acceptable maximum was found in two samples of tomato paste, and the remaining stock was withdrawn.

A number of complaints were received from private purchasers of food with regard to quality or extraneous matter contained. Legal proceedings were instituted on three occasions, one of which is still pending. The others resulted in fines and costs totalling £19. 6s. The remaining firms were cautioned.

### **The Condensed Milk Regulations, 1959**

### **Public Health (Dried Milk) Regulations, 1923-1948**

### **The Dried Milk Regulations, 1965**

Forty-three samples of pre-packed condensed or dried milk were submitted to the public analyst for examination for quality and labelling requirements of the regulations. The label of one sample did not conform in all respects, and was amended.

## The Food Standards (Ice Cream) Regulations, 1959

All samples of ice cream submitted for analysis complied with the prescribed standard.

The samples of food and drugs which failed to meet the requirements of the Food and Drugs Act, or Regulations or Orders are detailed in the following tabular statement:

### Adulterated and other unsatisfactory samples and action taken

Article	Informal samples									
	Adulterated or unsatisfactory	Further samples obtained	Stock withdrawn	Cautioned	Legal proceedings					
					Summoned	Number of convictions	Number pending	Number of samples	Amount of fines	Amount of costs
									£. s. d.	£. s. d.
Milk	*8	1		1						
Aspirin tablets	1	1								
Canned black cherries	1		1	1						
Canned evaporated milk	1			1						
Canned luncheon meat	1		1	1						
Canned pie filling	1			1						
Canned mixed vegetables	1		1							
Cake mix	2		1	2						
Candied peel	1			1						
Cheese	1		1							
Cheese spread	2			2						
Chillie pickle	1			1						
Dessert powder	4			4						
Fruit pie	1			1						
Lentils	1			1						
Mixed dried fruit	1			1						
Mixed pickles	1			1						
Mixed pulses	1			1						
Orange drink	1		1	1						
Rice	1			1						
Salmon spread	2			1						
Table jelly	5			5						
Tea	1			1						
Tomato paste	2		1							
Food containing extra- neous matter etc.	3				3	2	1		10.0.0	9.6.0

\*Includes 7 samples adjudged genuine by average fat of consignments and Hortvet freezing point test.

## Smoke Prevention

The Thirty-Second Report of the Warren Spring Laboratory of the Ministry of Technology published in August, dealing with the investigation of atmospheric pollution in the United Kingdom during 1958 to 1966, found that the measuring instruments showed a substantial decrease in the average concentrations of both smoke and to a lesser extent sulphur dioxide. Excluding London, there has been an average decrease of 25 per cent in the amount of smoke and of about 20 per cent in the sulphur dioxide since 1958. In London there has been a similar trend although to a lesser extent for sulphur dioxide.

In Manchester, where just over half of the area of the City is now subject to smoke control orders, continuous measurements of smoke and sulphur dioxide were maintained at several sites and, during the same period of the national survey, the reductions in pollution in the smoke control areas vary from 65 to 78 per cent for smoke and 23 to 38 per cent for sulphur dioxide. The improvements in the smoke control areas have also reduced the pollution levels recorded in other parts of the City, where the smoke has been reduced by between 40 to 50 per cent and the sulphur dioxide by about 20 per cent. The steady trend is evident within a wide year-to-year scatter, in particular caused by variable weather conditions, but the beneficial effect of smoke control areas is clear.

Probably approximately 80 per cent of the remaining smoke is from domestic chimneys. It is emitted at a low level at a low temperature, contains a considerable amount of tarry matter from the coal being burned and is concentrated in the winter months when the climatic conditions are least favourable to dispersal. Thus, whilst the reductions in measured pollution are most satisfying, domestic smoke remains a serious problem in those areas which are not yet subject to smoke control orders. The harmful effects of atmospheric pollution on the environment are widespread and the elimination of air pollution in "black areas" such as Manchester should remain high on the list of priorities.

It is difficult to assess the reduction in industrial smoke which has occurred since the Clean Air Act, 1956, came into operation, but it is considered that a reduction of about 50 per cent, possibly more, has been achieved.

Despite reduced surveillance due to a shortage of public health (smoke) inspectors and concentration of effort in the smoke control areas, the department continued to receive the active co-operation of the majority of industrial or similar users of fuel. No contraventions of the Dark Smoke (Permitted Periods) Regulations, 1958, were observed.

### Timed observations recording smoke emissions

	<i>Number</i>	<i>Total amount of dark smoke in minutes</i>
Infringement of the Clean Air Act. . . . .	—	—
Dark smoke, but not infringement of the Clean Air Act . . . . .	17	42
No dark smoke . . . . .	70	—
	<hr/> 87	<hr/> 42

### Notification and prior approval of furnace installations

Under the provisions of section 3 of the Clean Air Act, 1956, proposals to install any new furnace with a heating capacity of more than 55,000 British thermal units per hour must be notified to the local authority, and any such furnace must be, so far as practicable, capable of being operated continuously without emitting smoke when burning fuel of a type for which the furnace was designed. Similar provisions are included in the Manchester Corporation Acts, of 1946 and 1950, and the notification of proposals to install certain oil burning equipment is required by byelaws made under the Manchester Corporation Act, 1958.

322 plans and specifications were submitted for examination in relation to these requirements, compared with 359 in the previous year.

The submission of proposals for "prior approval" by the Corporation is not obligatory, but the number of cases requiring to be examined for prior approval continued to increase. 168 furnace installations were so approved, compared with 156 last year, 132 in 1965, and 124 in 1964.

The type of fuel in plants to which prior approval was granted was as follows:—

<i>Fuel</i>	<i>Total installations</i>
Oil 26/35 seconds viscosity .. .. .	86
„ 200 .. .. .	5
„ 2,500 .. .. . (2% sulphur)	1
„ 3,000 .. .. .	1
„ 3,500 .. .. .	2
Gas .. .. .	56
Solid smokeless fuel .. .. .	16
Electricity (a special type of incinerator) .. .. .	1
Total .. .. .	168

Seventy-three of the installations were concerned with dwellings in smoke control areas, the fuels used were oil (26/35 seconds) in 19, solid smokeless fuel in 15, and gas in 39 installations.

Proposals for the erection of 97 new chimneys were examined and approved under the provisions of section 10 of the Clean Air Act, 1956. In a further 74 instances where new furnaces were to be connected to existing chimneys, and eleven where there was a change of fuel in existing plant, the height of the existing chimneys in relation to the change of use was examined and found to be satisfactory.

Four new furnace installations were also provided in the central smokeless zone where the overriding requirement is that no smoke shall be emitted. The fuel chosen was 35 seconds oil in two instances, gas in one and 200 seconds oil in the other.

In addition to the control of smoke emissions, the policy of the City Council continued to be directed towards securing a reduction of emissions of oxides of sulphur to the atmosphere, and where oil was used in the heating of Corporation buildings, the grades were those with a sulphur content not exceeding one per cent. Where oil was proposed for use in privately owned plant, developers were invited to follow this example. Whilst in large installations the extra operating cost precluded such a choice, a fair measure of co-operation was secured and in some instances the use of a fuel, with lower sulphur content than that at first proposed, was obtained.

### Smoke control areas

Four smoke control orders, relating to Withington, Whalley Range, Knott Mill, and Liverpool Road, dealing with 1,719 acres (2.68 square miles) and 14,154 premises, came into operation in June and July. A relatively small number of tenanted dwellings had not been converted by the operative dates and 385 notices were served under the provisions of Section 12 (2) of the Clean Air Act, 1956, to secure execution of the necessary works.

The Burnage smoke control order, relating to 610 acres (0.95 square miles) and 5,985 premises, which was made by the City Council in January and confirmed by the Minister of Housing and Local Government in April, comes into operation on 1st July, 1968. Early in June a high pressure sales campaign was launched in the area, accompanied by press publicity. It was estimated that about a hundred personnel were concentrated in the sales drive, which resulted in the submission of about 1,200 estimates within less than three weeks. Whilst such enthusiasm showed a welcome support for the clean air policy, it also presented a volume of work that was difficult to handle, particularly as it coincided with the imminent operation of four other areas.

Reports recommending three additional smoke control areas, at Blackley, and at Butler Street and Livesey Street, Ancoats, comprising a total of 1,218 acres (1.9 square miles) and 8,020 premises, were approved by the Health Committee in September and December respectively and await the making of the appropriate orders by the City Council.

The survey of three further areas for smoke control orders, to deal with approximately 2,300 acres (3.6 square miles) and 12,000 premises, was also carried on.

The number of technical problems encountered in the installation of domestic appliances is small, but the volume of work is considerable. During the year, 13,273 items of correspondence were received and 56,605 visits made in connection with the smoke control programme. An increasing number of enquiries were received from householders, at present outside the smoke control areas, who desired smoke control to be applied to their houses.

Approximately 51 per cent of the total area and 35 per cent of the premises in the City are subject to confirmed smoke control orders. No orders were awaiting confirmation by the Minister of Housing and Local Government at the end of the year. The recommended orders for the Blackley, Livesey Street and Butler Street areas, when made by the City Council will increase the acreage and the premises under smoke control to 55.5 and 38.5 per cent respectively.

The locations of the smoke control areas, including smokeless zones, are shown on the accompanying map, which also indicates the sites at which the continuous measurement of air pollution is maintained.

### **Recording of atmospheric pollution**

The measurement of smoke and sulphur dioxide pollution in the atmosphere was continued at seven sites within the City. The standard volumetric apparatus is used and the results form part of the National Survey of Air Pollution under the direction of the Ministry of Technology.

The daily averages, in microgrammes per cubic metre, are shown in the tabular statements. Because of variations in the weather and other factors, direct comparison of any one year's measurements with another can be misleading. Nevertheless, the downward trend in the measured pollution is clearly shown to demonstrate the beneficial effect of the smoke control areas.

The pollution, however, still reaches excessively high levels in parts of the City, especially during periods of prolonged fog such as occurred during the period 19th to 27th November, 1967, (see table on page 167). Whilst this was the first time since the incident in December, 1962, that a significant build-up of pollution had been recorded, and was much less severe than on that earlier occasion, it should serve as a reminder that the problems of air pollution continue to demand urgent attention.

The measurement of deposited pollution, using the standard deposit gauge, was continued at the three sites, Philips Park, Rusholme and Styal, which represent industrial, residential and semi-rural areas respectively. The completion of extensive work at the gasworks in connection with new “reforming” plant, together with the improvements carried out at the adjacent power station, no doubt contributed to the reduction in deposited material recorded by the Philips Park gauge.

The measurement of grit and dust emissions from individual boiler and furnace plants with a view to their reduction to acceptable levels, standards for which are suggested, was the subject of a circular and advisory memorandum from the Ministry of Housing and Local Government. As indicated in the memorandum, observance of the recommended standards can readily be met with reasonably modern, efficiently operated and well maintained plant and would make a further contribution to a cleaner air in industrial areas.

During October, a series of measurements, recording the levels of carbon monoxide arising from vehicles at a busy road junction in the city centre, was commenced. Continuous measurement and recording is carried out by an infra-red gas analyser provided by the Warren Spring Laboratory and operated by the department. The first series of measurements will be continued for about a year.

**Deposited atmospheric pollution**  
 (Grams per 100 square metres)  
*Monthly averages together with the averages for the previous five years*

Station	Rainfall (mm)		Insoluble matter		Soluble matter		Total solids	
	1967	Five yearly average	1967	Five yearly average	1967	Five yearly average	1967	Five yearly average
Philips Park	85	80	570	822	389	393	959	1,215
Rusholme	82	74	439	413	300	305	739	718
Styal	71	66	123	125	191	194	313	318

Smoke and sulphur dioxide measurements on 19th/27th November, 1967,  
expressed in microgrammes per cubic metre.

	Clayton			Wythenshawe Centre (Smoke Control Area)			Springfield Crumpsall			Withington (Smoke Control Area)			Rusholme			Central (Smokeless Zone)			Monsall		
	Smoke	SO <sub>2</sub>	Ratio	Smoke	SO <sub>2</sub>	Ratio	Smoke	SO <sub>2</sub>	Ratio	Smoke	SO <sub>2</sub>	Ratio	Smoke	SO <sub>2</sub>	Ratio	Smoke	SO <sub>2</sub>	Ratio	Smoke	SO <sub>2</sub>	Ratio
November 1967																					
19th/20th .. ..	2,496	697	3.63	424	452	0.94	505	671	0.75	450	525	0.86	1,761	1,141	1.54	875	1,389	0.62	2,362	1,231	1.92
20th/21st .. ..	1,182	220	5.37	538	705	0.76	426	699	0.61	508	905	0.56	975	1,377	0.71	590	1,404	0.42	1,176	1,111	1.06
21st/22nd .. ..	1,125	249	4.52	327	495	0.66	632	1,209	0.52	422	832	0.51	908	1,332	0.68	473	1,531	0.31	1,435	1,581	0.91
22nd/23rd .. ..	556	177	3.14	187	384	0.49	312	556	0.56	216	510	0.42	523	637	0.82	309	815	0.38	501	680	0.74
23rd/24th .. ..	980	376	2.61	184	392	0.47	369	1,026	0.36	148	463	0.32	438	762	0.57	336	1,106	0.30	1,366	1,273	1.07
24th/25th .. ..	578	280	2.06	73	219	0.33	221	577	0.38	101	286	0.35	435	599	0.73	170	607	0.28	538	638	0.84
25th/26th .. ..	601	176	3.41	218	304	0.72	190	483	0.39	128	255	0.50	434	505	0.86	175	526	0.33	657	581	1.13
26th/27th .. ..	601	176	3.41	218	304	0.72	190	483	0.39	104	278	0.37	434	505	0.86	175	526	0.33	651	708	0.92

There was dense fog in various parts of the City during the morning of the 19th which persisted in varying densities and locations until the 24th. There was rain on the 25th and although some fog returned during the afternoon of the 26th by the 26th/27th the measurements had returned to about normal. The highest levels of pollution recorded were at different places at different times, but at their worst the increases in smoke varied from 4½ to 10 times and the SO<sub>2</sub> from 2½ to 5½ times the daily average for the same sites in November, 1966.

Volumetric apparatus for smoke and sulphur dioxide  
Daily averages—microgrammes per cubic metre

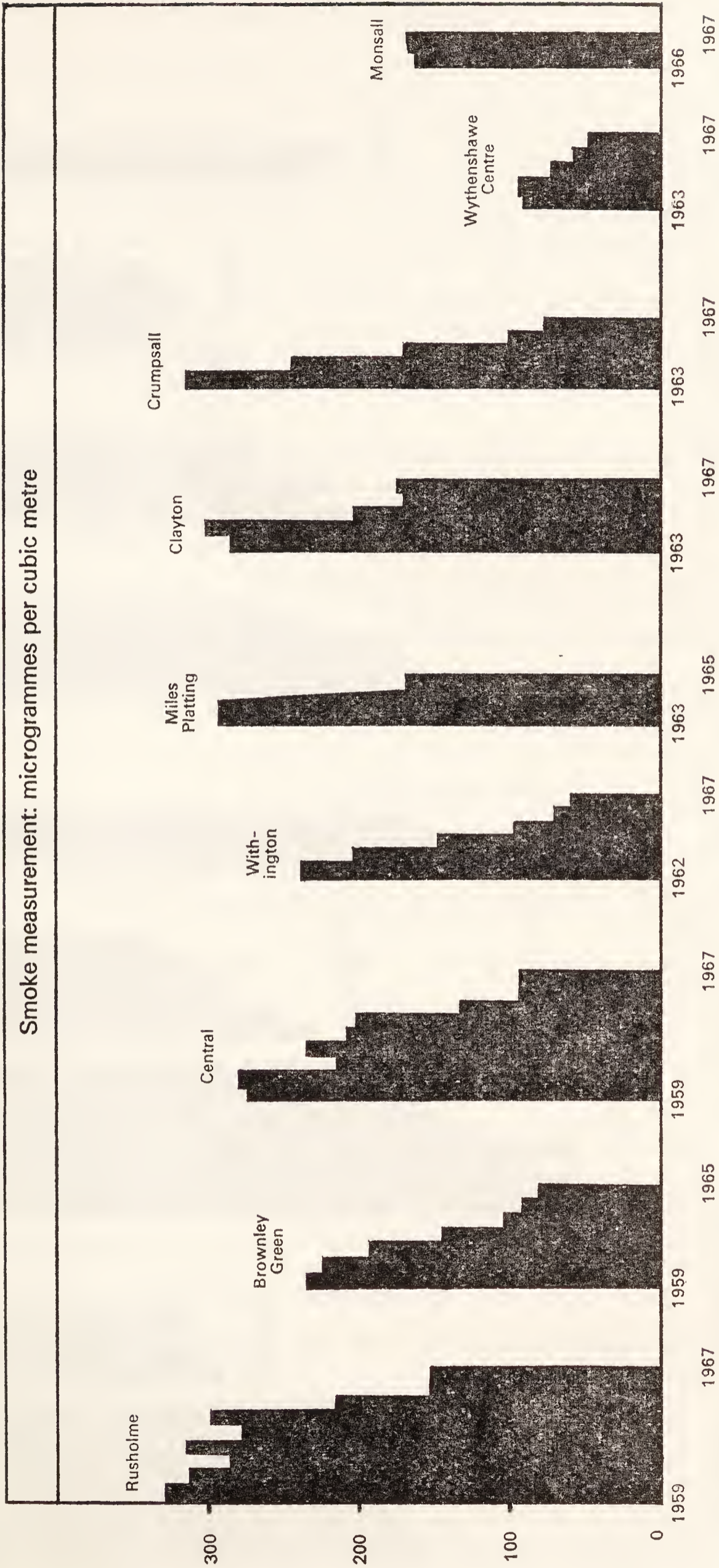
	Rusholme			Brownley Green			Central			Withington			Miles Platting			Clayton			Crumpsall			Wythenshawe Centre			Monsall		
	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio	Smoke	So <sub>2</sub>	Ratio
1959 ..	332	287	1.15	242	—	—	284	366	.77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1960 ..	316	278	1.13	229	—	—	286	373	.76	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1961 ..	290	271	1.07	198	—	—	220	354	.62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1962 ..	318	309	1.03	123	168	.73	243	383	.63	245	226	1.08	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1963 ..	282	281	1.0	107	159	.67	214	313	.68	211	202	1.04	299	341	.88	292	290	1.0	325	311	1.04	97	124	.78	—	—	—
1964 ..	304	261	1.17	97	139	.7	207	297	.7	150	170	.88	—	302	—	312	288	1.08	250	223	1.12	100	140	.71	—	—	—
1965 ..	216	298	.73	82	151	.54	139	283	.49	98	175	.56	171	279	.61	208	276	.75	180	236	.76	79	147	.53	—	—	—
1966 ..	155	215	.72	Discontinued			100	250	.40	74	158	.47	Discontinued			177	229	.77	106	187	.57	64	133	.48	177	231	.77
1967 ..	155	239	.65	,,			100	282	.35	64	139	.46	,,			181	188	.96	79	189	.42	54	122	.44	182	242	.75

# CITY OF MANCHESTER

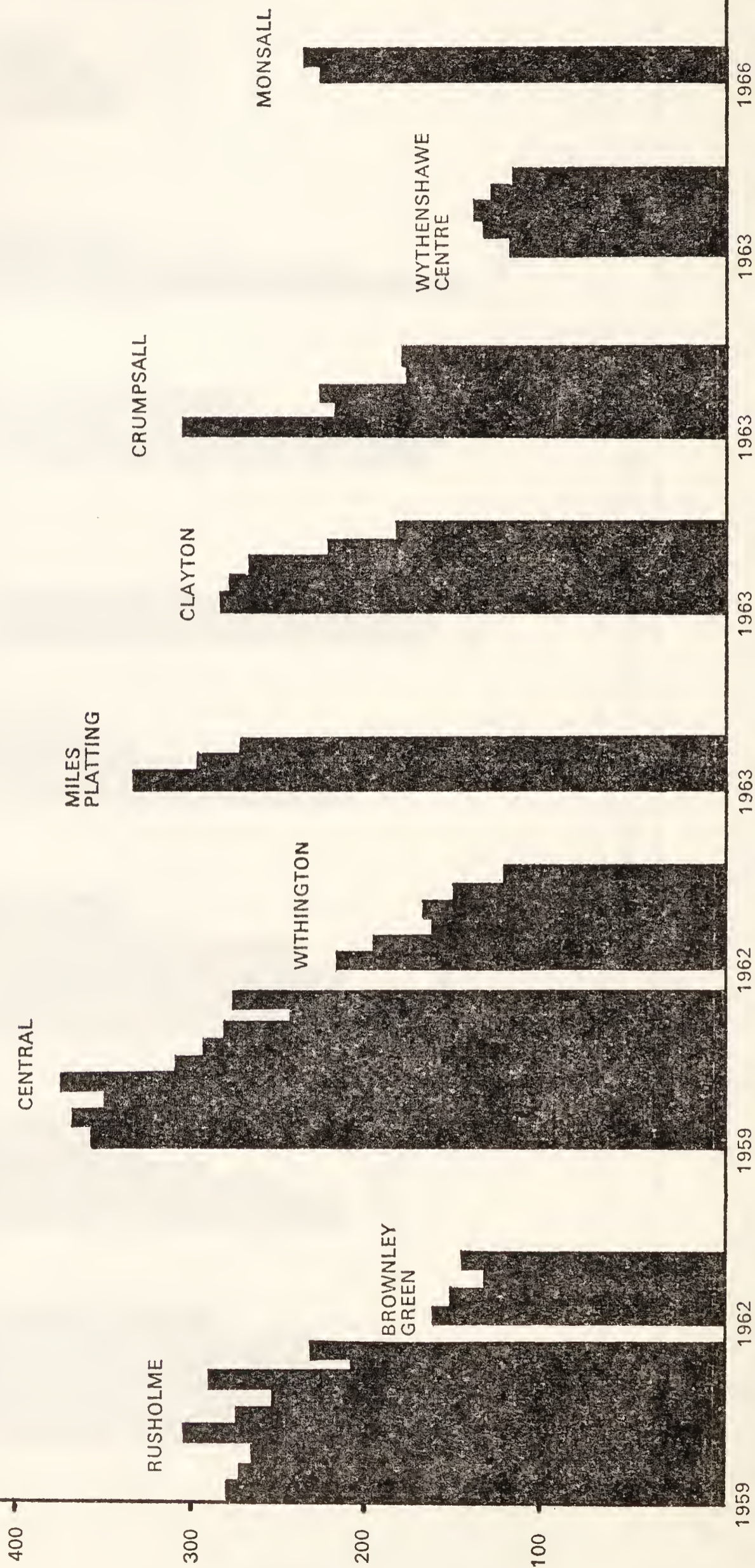
SMOKE CONTROL AREAS  
DECEMBER 1967







# SULPHUR DIOXIDE MEASUREMENT: MICROGRAMMES PER CUBIC METRE



## Housing Conditions

### Clearance areas and individually unfit houses

Since 1951, when the representation and clearance of areas of unfit houses was resumed, 33,244 unfit houses have been demolished, including 10,210 not in clearance areas, of which 403 individually unfit houses were demolished during the year. There are, however, approximately 48,000 houses remaining to be dealt with. About 5,000 of these are in represented areas which have been confirmed by the Minister of Housing and Local Government and correspondingly their demolition is imminent. Additionally, 16,657 have been officially represented for the making of orders and the necessary confirmation for ultimate demolition, whilst the survey of other areas continues for similar action in respect of the remaining houses, totalling approximately 27,000. During the year the official representations dealt with 6,047 unfit houses, compared with 6,014 in 1966 and 5,690 in 1965.

Concerning unfit houses dealt with in clearance areas and other projects, the appended tabular statements summarize the action taken.

### Rehousing for medical reasons

The department continued to investigate the circumstances of an increasing number of applications for rehousing or transfer on medical grounds. In each instance, reports on the housing conditions and the supporting medical evidence were examined by the Medical Officer of Health.

The outcome of the examination of a total of 5,998 applications was as follows:

Recommendations as to degree of priority	Applications received						
	Tenants of privately owned houses			Municipal tenants seeking transfers			Totals
	Initial	Subsequent	Total	Initial	Subsequent	Total	
No change .. ..	1,454	685	2,139	1,823	1,109	2,932	5,071
Advance .. .. .	427	42	469	373	81	454	923
Immediate rehousing .. ..	1	2	3	1	—	1	4
	1,882	729	2,611	2,197	1,190	3,387	5,998

In each case the Director of Housing was informed of the Medical Officer of Health's recommendation and the department was subsequently notified that 1,391 families, who had been so recommended for consideration on medical grounds, had been provided with accommodation.

Approximately two-thirds of the applicants for transfer sought ground floor accommodation or a change of area.

### Abatement of overcrowding

Under the statutory definition of overcrowding, a special survey in 1936, as part of a national enquiry, revealed that 2·1 per cent of all families in the City were overcrowded. No overcrowding survey has since been undertaken, but between 1951 and 1967, in the inspection of approximately 44,000 unfit houses in clearance areas throughout the City, slightly less than 0·8 per cent of those houses were found to be overcrowded under the Housing Act standard. This

average figure, however, conceals higher figures dependent upon variations in the densities of occupation by different households in the various areas at different times. In dealing with the occupational densities of households in terms of persons per room, the 1961 Census revealed that the City had 6.4 per cent of its population living at densities of more than  $1\frac{1}{2}$  persons per habitable room. In 1966, the Sample Census revealed that the figures were then 4.5 per cent of the population and 2.1 per cent of the households, compared with the national figures of 2.5 per cent and 1.2 per cent respectively.

### **Houses in multiple occupation**

Further powers were sought and obtained in Part III of the Manchester Corporation Act, 1967, to provide control of houses in multiple occupation. Thereby, the Corporation is enabled to extend a registration scheme they may make under section 22 of the Housing Act, 1961, as amended by the Housing Act, 1964, to require the observance of requirements before "newly registrable" houses are let-in-lodgings and, where necessary, to refuse registration where it was clear that proper standards of housing and the maintenance of a suitable environment could not be secured. A registration scheme has been prepared with a view to implementation after confirmation by the Minister of Housing and Local Government. Although so far, with some exceptions, the areas dealt with as clearance areas under the Housing Act, 1957, have not contained a large number of houses in multiple occupation, it is evident that the number will be considerably greater as the clearance area programme progresses. In recent experience many lodger families residing in unfit houses have not waited for offers of alternative housing accommodation by the Corporation, but have found their own accommodation before the demolition of the properties. Correspondingly, it is likely that the proposed registration scheme will increase in importance as the demolition of unfit houses in multiple occupation tends to result in houses elsewhere being so occupied. At present the department is aware of 2,166 houses in multiple occupation by three or more families.

In the operation of the existing provisions, the practice continued of inviting persons having control of the houses to meet the public health inspectors at the properties to discuss the department's requirements. It was necessary to issue specifications of the department's requirements in 218 instances and to serve statutory notices in respect of 27. Management Orders were made in respect of 12 houses.

In one instance, the particular circumstances of the failure of a person to comply with section 57 of the Manchester Corporation Act, 1950, requiring the consent of the Corporation to the letting of a house in lodgings where the person by whom or on whose behalf the house is so let does not reside there, resulted in prosecution and a fine of £2.

### **Repairs**

In connection with the disrepair of dwellinghouses, 13,614 primary inspections were made and it was necessary to issue 7,670 preliminary and statutory notices under the Public Health Acts and the Manchester Corporation Acts, for attention to repairs by the owners. For that purpose, court proceedings were also necessary in 29 instances. Default powers were applied to secure repairs at 992 houses, including some work at the request of the owners, at a total cost of £10,993. A further £1,959 was recovered in connection with the repair and maintenance of lengths of public sewer.



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Under the relevant provisions of Manchester Corporation Acts, action was also taken to:—

restore means of artificial lighting in living and sleeping rooms at 20 houses,  
 restore a supply of water for domestic purposes at 721 houses,  
 secure emergency roof repairs at 468 houses,  
 secure repairs to yard walls at 183 houses.

The attention of the City Architect's department was directed to 780 premises where conditions were deemed to be structurally dangerous and requiring action by that department.

The most unsatisfactory conditions, arising from vacated buildings not being effectively secured against unauthorised access, frequently with associated misuse and vandalism, led to powers being obtained under section 41 of the Manchester Corporation Act, 1967, to require work to be carried out at a vacated house or building, as far as practicable, to prevent such unauthorised access. This supplements existing powers relating to ruinous or dangerous buildings and the nuisance abatement provisions of the Public Health Act, 1936, without the necessity of awaiting the development of the conditions actionable under the other legislation.

Applications by tenants for certificates of disrepair under the Rent Act, 1957, declined to 19, compared with 1,488 in 1958 when the Act became operative. Liaison continued with the Rent Officer appointed under the provisions of the Rent Act, 1965. Seventy-eight contraventions of the Landlord and Tenant Act, 1962, in respect of the provision of rent books and the information to be provided by landlords to tenants, came to the notice of inspectors and the landlords were required to remedy the omissions.

### New permanent dwellings completed

The following tabular statement gives the number of dwellings completed since 1946 by the Corporation in and outside the City and by private builders in the City.

Year	City Council		Private builders
	In the City	Outside the City	In the City
1946 .. ..	293	—	36
1947 .. ..	542	—	197
1948 .. ..	1,772	—	356
1949 .. ..	1,461	—	298
1950 .. ..	2,146	—	270
1951 .. ..	2,415	—	209
1952 .. ..	2,142	80	322
1953 .. ..	2,162	437	390
1954 .. ..	1,055	1,086	303
1955 .. ..	692	1,251	566
1956 .. ..	684	684	368
1957 .. ..	751	796	514
1958 .. ..	818	639	349
1959 .. ..	517	965	239
1960 .. ..	392	562	260
1961 .. ..	816	445	381
1962 .. ..	1,476	1,409	508
1963 .. ..	1,424	2,442	282
1964 .. ..	892	3,047	544
1965 .. ..	1,354	2,076	561
1966 .. ..	956	1,636	252
1967 .. ..	1,957	827	417
Totals	26,717	18,382	7,622
	45,099		

REDEVELOPMENT PROCEEDING IN HULME.

## Improvement grants

*Housing (Financial Provisions) Act, 1958*

*House Purchase and Housing Act, 1959*

*Housing Acts, 1961 and 1964*

*Manchester Corporation Act, 1962, section 44*

There were 388 applications received, compared with 257 during the previous year, as shown in the following statement:

Type of grant	Approved		Disapproved		Withdrawn or pending		Total
	owner/occupier	tenanted	owner/occupier	tenanted	owner/occupier	tenanted	
Discretionary	—	2	—	2	—	3	7
Standard ..	232	30	66	2	40	10	380
Local ..	1	—	—	—	—	—	1
	233	32	66	4	40	13	388

The work completed provided the following amenities at a cost of £16,600:

	Fixed baths	Wash hand basins	Hot water supply	Internal waterclosets	Food cupboards	Extensions
Standard .. ..	78	162	102	197	182	8
Local .. ..	1	1	1	1	1	—

Discretionary grants, completed to the "twelve point standard" involved the payment of £1,261.

Two small areas, containing 75 and 60 improvable houses respectively, adjacent to represented clearance areas, were surveyed with a view to the possible application of the measure of compulsion under the Housing Act, 1964, having special regard to the contemplated redevelopment of the neighbouring clearance areas. Other areas, containing approximately 6,000 houses, have been tentatively defined as suitable for consideration as improvement areas.

## Common lodging houses

The Public Health Act, 1936, section 235, defines a common lodging house to be a house, other than a public assistance institution (for example a reception centre of the Ministry of Social Security), provided for the purpose of accommodating by night poor persons, not being members of the same family, who resort thereto and are allowed to occupy one common room for the purpose of eating or sleeping. Within the definition, and correspondingly subject to annual licensing and control under the Public Health Act and byelaws, there are five lodging houses in the City, three owned by social organizations and two by the Corporation.

The facilities remained the same as during the previous year, providing a total of 1,215 beds for men and 210 for women. The charges vary, but sufficient accommodation is available at a cost within the means of persons in receipt of supplementary benefit from the Ministry of Social Security.

Clearance Areas

Progress table  
31st December, 1967

Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order			Date of public local inquiry	Order confirmed by Minister			Number of houses demolished			Number of families rehoused by Corporation		
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses	Date		Number of houses		To 31-12-66	To 31-12-67	Total to 31-12-67	To 31-12-66	To 31-12-67	Total to 31-12-67	
					To 31-12-66	To 31-12-67	Total 31-12-67						Included	Excluded							
Ridgway Street, 1 to 14 .. .. .	5-10-51	257	259	824	19	—	19	—	C.P.O. 16-3-53 .. .. .	238	21-10-53	25-3-54	238	—	238	—	238	231	—	231	
St. George's, 1 to 24 .. .. .	3-7-53	504	502	1,595	68	—	68	1	C.P.O. 27-5-55 .. .. .	435	25-10-55	29-2-56	427	8	427	—	427	389	—	389	
Miles Platting, 1 to 14 .. .. .	16-2-54	771	779	2,400	48	—	48	1	C.P.O. 2-8-55 .. .. .	722	17-1-56	18-6-56	722	—	722	—	722	674	—	674	
Mill Street, 1 to 13 .. .. .	15-7-54	570	582	1,827	9	—	9	2	C.P.O. 26-9-55 .. .. .	559	28-2-56	23-7-56	558	1	558	—	558	492	—	492	
Harpurhey .. .. .	14-4-55	269	269	849	35	—	35	—	C.P.O. 19-12-55 .. .. .	234	24-4-56	16-10-56	231	3	231	—	231	226	—	226	
Bradford Road, 1 to 9 .. .. .	12-4-56	954	998	2,942	34	—	34	—	C.P.O. No. 1, 1-7-57 .. .. .	728	16-10-57	6-3-58	728	—	728	—	728	681	—	681	
Collyhurst Street, 1 to 10 .. .. .	14-7-56	594	597	1,847	18	—	18	—	C.P.O. No. 2, 20-5-57 .. .. .	192	27-8-57	28-10-57	192	—	25	1	26	23	—	23	
									C.O. No. 1, 2-9-57 .. .. .	3	—	20-6-58	3	—	3	—	—	—			
									C.O. No. 2, 2-9-57 .. .. .	4	18-12-57	20-6-58	4	—	4	—	—	—			
Rusholme Road, 1 to 33 .. .. .	2-5-57	1,110	1,172	3,913	58	—	58	*21	C.P.O. 2-9-57 .. .. .	569	18-12-57	20-6-58	568	1	568	—	568	514	—	514	
									C.O. No. 1, 26-5-59 .. .. .	4	—	—	—	—	4	—	4	—	4		
									C.O. No. 2, 26-5-59 .. .. .	11	—	—	—	—	11	—	11	—	11		
									C.O. No. 3, 26-5-59 .. .. .	34	10-2-60	25-8-60	34	—	34	—	34	—	32		
Baguley, Springfield Cottages .. .. .	6-6-58	3	3	8	—	—	—	—	C.P.O. 26-5-59 .. .. .	982	10-2-60	13-3-61	974	8	967	5	972	760	—	760	
									C.O. 22-12-58 .. .. .	3	28-4-59	15-7-59	3	—	3	—	3	—	3		
									C.O. No. 1, 20-2-61 .. .. .	2	—	21-7-61	2	—	2	—	2	—	2		
City Road, 1 to 7 .. .. .	6-11-58	1,057	1,035	3,119	39	—	39	—	C.O. No. 2, 20-2-61 .. .. .	5	—	26-7-61	5	—	5	—	5	—	5		
Morton Street, Longsight, 1 and 2 .. .. .	16-2-59	248	246	765	—	—	—	—	C.P.O. 20-2-61 .. .. .	264	14-6-61	2-11-61	261	3	261	—	261	232	—	232	
Rodney Street, Ancoats, 1 to 7 .. .. .	31-3-59	294	278	905	16	—	16	7	C.P.O. 25-9-61 .. .. .	423	2-1-62	2-5-62	422	1	422	—	422	364	—	364	
Rochdale Road/Collyhurst Road, 1 to 19 ..	10-8-59	445	422	1,274	22	—	22	—	C.P.O. 10-10-60 .. .. .	406	31-1-61	18-9-61	403	3	26	—	26	21	—	21	
									C.P.O. No. 1, 30-10-61 .. .. .	417	28-2-62	18-9-62	412	5	411	1	412	369	—	369	
									C.P.O. No. 2, 30-10-61 .. .. .	467	28-2-62	18-9-62	466	1	466	—	466	434	—	434	
Earl Street, Longsight, 1 to 3 .. .. .	6-11-59	406	405	1,161	—	—	—	—	C.P.O. No. 3, 30-10-61 .. .. .	52	28-2-62	18-9-62	51	1	50	—	50	49	—	49	
Lodge Street, Collyhurst, 1 to 6 .. .. .	3-6-60	984	962	2,982	48	—	48	—	C.P.O. No. 1, 4-12-61 .. .. .	331	29-3-62	19-11-62	326	5	326	—	326	288	—	288	
Rutland Street, Hulme, 1 to 8 .. .. .	6-10-60	612	576	1,807	13	—	13	†68	C.P.O. No. 2, 4-12-61 .. .. .	200	29-3-62	9-11-62	196	4	192	—	192	161	—	161	
									C.P.O. No. 1, 29-1-62 .. .. .	253	29-5-62	18-2-63	246	7	246	—	246	222	—	222	
									C.P.O. No. 2, 29-1-62 .. .. .	468	29-5-62	18-2-63	463	5	463	—	463	419	—	419	
Boundary Lane, All Saints, 1 to 4 .. .. .	7-12-60	734	757	2,355	4	—	4	9	C.O., 10-7-61 .. .. .	2	—	26-9-61	2	—	2	—	2	2	—	2	
328A/330, City Road .. .. .	10-2-61	2	3	9	—	—	—	—	C.O. No. 1, 21-5-62 .. .. .	5	—	11-9-62	5	—	5	—	5	1	—	1	
Livesey Street, Hugh Oldham, 1 to 16 .. ..	13-4-61	888	864	2,702	31	—	31	—	C.O. No. 2, 21-5-62 .. .. .	6	—	18-9-62	6	—	6	—	6	4	—	4	
									C.O. No. 3, 21-5-62 .. .. .	2	—	19-10-62	2	—	2	—	2	3	—	3	
									C.P.O. No. 1, 21-5-62 .. .. .	113	26-9-62	2-8-63	106	7	106	—	106	89	—	89	
									C.P.O. No. 2, 21-5-62 .. .. .	369	26-9-62	16-8-63	359	10	356	3	359	324	—	324	
									C.P.O. No. 3, 21-5-62 .. .. .	358	26-9-62	2-8-63	354	4	354	—	354	285	—	285	
									C.P.O. No. 1, 27-8-62 .. .. .	553	23-1-63	1-11-63	548	5	541	2	543	428	—	428	
Nelson Street, Miles Platting, 1 to 6 .. ..	13-7-61	1,002	968	2,877	41	—	41	—	C.P.O. No. 2, 27-8-62 .. .. .	407	23-1-63	23-8-63	407	—	407	—	407	350	—	350	
									C.P.O. No. 1, 23-10-62 .. .. .	652	13-3-63	19-9-63	645	7	645	—	645	532	—	532	
									C.P.O. No. 2, 23-10-62 .. .. .	556	13-3-63	19-9-63	553	3	553	—	553	492	—	492	
Vine Street, Hulme, 1 to 3 .. .. .	9-10-61	1,224	1,208	3,984	15	—	15	1	C.O. No. 1, 17-12-62 .. .. .	13	14-5-63	31-10-63	12	1	10	—	10	5	—	5	
Thomas Street, West Gorton, 1 to 11 .. ..	12-12-61	1,029	994	3,061	1	—	1	3	C.O. No. 2, 17-12-62 .. .. .	2	14-5-63	30-10-63	2	—	2	—	2	2	—	2	
									C.O. No. 3, 17-12-62 .. .. .	7	14-5-63	30-10-63	7	—	7	—	7	3	—	3	
									C.P.O. No. 1, 17-12-62 .. .. .	489	14-5-63	30-10-63	485	4	485	—	485	409	—	409	
									C.P.O. No. 2, 17-12-62 .. .. .	199	14-5-63	30-10-63	197	2	196	1	197	168	1	169	
									C.P.O. No. 3, 17-12-62 .. .. .	315	14-5-63	30-10-63	313	2	311	2	313	247	—	247	

Continued—



Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order		Date of public local inquiry	Order confirmed by Minister		Number of houses demolished			Number of families rehoused by Corporation			
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses		Date	Number of houses		To 31-12-66	To 31-12-67	Total to 31-12-67	To 31-12-66	To 31-12-67	Total to 31-12-67
					To 31-12-66	To 31-12-67	Total to 31-12-67						Included	Excluded						
Radnor Street, Hulme, 1 to 11 .. .. .	10-4-62	1,282	1,265	4,149	9	—	9	—	C.P.O. No. 1, 29-4-63 .. .. .	264	22-10-63	17-7-64	259	5	246	2	248	218	1	219
									C.P.O. No. 2, 29-4-63 .. .. .	650	22-10-63	17-7-64	643	7	632	3	635	520	—	520
									C.P.O. No. 3, 29-4-63 .. .. .	359	22-10-63	17-7-64	348	11	334	2	336	272	—	272
Fenwick Street, Hulme .. .. .	7-6-62	521	532	1,792	10	—	10	1	C.P.O. 29-4-63 .. .. .	510	22-10-63	17-7-64	500	10	485	1	486	402	—	402
Tamworth Street, Hulme 1 to 3 .. .. .	29-8-62	966	946	2,960	11	—	11	—	C.P.O. No. 1, 9-9-63 .. .. .	435	25-2-64	28-10-64	431	4	411	7	418	362	5	367
									C.P.O. No. 2, 9-9-63 .. .. .	491	25-2-64	28-10-64	486	5	482	2	484	414	—	414
									C.P.O. No. 3, 9-9-63 .. .. .	29	25-2-64	28-10-64	28	1	25	—	25	20	—	20
Junction Street, Hulme, 1 to 10 .. .. .	13-12-62	790	751	2,426	7	—	7	10	C.P.O. No. 1, 16-1-64 .. .. .	540	13-5-64	16-11-64	530	10	495	16	511	439	—	439
									C.P.O. No. 2, 16-1-64 .. .. .	233	13-5-64	9-11-64	229	4	224	—	224	187	—	187
Ellesmere Street, Hulme, 1 to 9 .. .. .	13-12-62	492	468	1,422	2	—	2	—	C.O. No. 1, 23-12-63 .. .. .	2	—	—	—	—	2	—	2	—	—	—
									C.O. No. 2, 23-12-63 .. .. .	3	—	—	—	—	3	—	3	2	—	2
									C.P.O. No. 1, 23-12-63 .. .. .	75	15-4-64	7-1-65	72	3	57	11	68	56	1	57
									C.P.O. No. 2, 23-12-63 .. .. .	181	15-4-64	7-1-65	176	5	139	21	160	119	1	120
									C.P.O. No. 3, 23-12-63 .. .. .	229	15-4-64	7-1-65	225	4	214	11	225	195	2	197
York Street, Hulme, 1 to 4 .. .. .	14-3-63	28	26	74	1	—	1	—	C.P.O. 31-3-64 .. .. .	27	15-7-64	14-12-64	27	—	27	—	27	22	—	22
Welcomb Street, Hulme, 1 & 2 .. .. .	14-3-63	94	88	254	—	—	—	—	C.P.O. 31-3-64 .. .. .	94	15-7-64	7-1-65	89	5	73	16	89	78	—	78
Loxford Street, Hulme, 1 to 8 .. .. .	14-3-63	177	150	462	5	—	5	—	C.P.O. 31-3-64 .. .. .	172	15-7-64	4-2-65	160	12	155	—	155	129	1	130
Chancellor Lane, Ardwick, 1 to 20 .. .. .	29-3-63	347	323	1,003	57	—	57	—	C.O. No. 4, 6-4-64 .. .. .	2	13-8-64	8-2-65	2	—	2	—	2	2	—	2
									C.O. No. 5, 6-4-64 .. .. .	3	13-8-64	8-2-65	2	1	—	—	—	2	—	—
									C.P.O. 6-4-64 .. .. .	285	13-8-64	8-2-65	279	6	272	2	274	229	—	229
Garston Street, Ardwick, 1 to 4 .. .. .	29-3-63	156	156	531	3	—	3	—	C.P.O. 17-2-64 .. .. .	153	10-6-64	30-9-64	146	7	145	—	145	118	—	118
Dantzic Street, 1 to 3 .. .. .	27-5-63	44	41	148	—	—	—	—	C.O. No. 1, 1-6-64 .. .. .	2	—	21-9-64	2	—	—	—	—	1	—	1
									C.O. No. 2, 1-6-64 .. .. .	24	—	21-9-64	24	—	24	—	24	21	—	21
									C.O. No. 3, 1-6-64 .. .. .	18	—	21-9-64	18	—	18	—	18	14	—	14
Collyhurst Road, 1 to 3 .. .. .	27-5-63	23	17	41	4	—	4	—	C.O. No. 1, 1-6-64 .. .. .	6	—	16-10-64	6	—	6	—	6	4	—	4
									C.O. No. 2, 1-6-64 .. .. .	4	—	16-10-64	4	—	4	—	4	—	—	—
									C.O. No. 3, 1-6-64 .. .. .	9	—	16-10-64	9	—	9	—	9	7	—	—
Syndall Street, Ardwick, 1 to 3 .. .. .	27-5-63	558	556	1,810	3	—	3	1	C.P.O., 29-6-64 .. .. .	554	18-11-64	30-3-65	535	19	472	22	494	422	—	422
Gibson Street, Ardwick, 1 to 8 .. .. .	31-7-63	1,087	1,064	3,280	5	—	5	3	C.P.O. No. 1, 12-10-64 .. .. .	459	23-3-65	5-8-65	429	30	324	78	402	339	9	348
									C.P.O. No. 2, 12-10-64 .. .. .	620	23-3-65	24-8-65	616	4	475	105	580	472	20	492
Kay Street, Openshaw, 1 to 8 .. .. .	25-9-63	189	168	533	11	—	11	—	C.P.O. 29-3-65 .. .. .	178	3-8-65	16-11-65	175	3	65	102	167	87	10	97
Harlston Street, Openshaw, 1 to 3 .. .. .	25-9-63	28	21	54	—	—	—	—	C.P.O. 29-3-65 .. .. .	28	13-7-65	31-8-65	26	2	26	—	26	13	—	13
Carlisle Street, Beswick, 1 & 2 .. .. .	25-9-63	339	308	930	2	—	2	—	C.P.O. 29-3-65 .. .. .	337	11-8-65	14-12-65	320	17	54	235	289	215	13	228
Beaumont Street, Beswick, 1 to 4 .. .. .	9-12-63	463	428	1,234	2	—	2	—	C.P.O. 24-5-65 .. .. .	461	13-10-65	28-4-66	435	26	3	401	404	67	251	318
Gibbon Street, Bradford, 1 to 9 .. .. .	9-12-63	275	243	754	40	—	40	—	C.O. 26-4-65 .. .. .	3	—	—	—	—	3	—	3	2	—	2
									C.P.O. No. 1, 26-4-65 .. .. .	109	10-11-65	9-6-66	108	1	20	86	106	13	68	81
									C.P.O. No. 2, 26-4-65 .. .. .	10	10-11-65	15-6-66	10	—	10	10	10	9	—	9
									C.P.O. No. 3, 26-4-65 .. .. .	113	10-11-65	15-6-66	101	12	1	82	83	2	67	69
Limer Street, Hugh Oldham, 1 to 13 .. .. .	9-12-63	104	88	302	13	—	13	—	C.O. 14-6-65 .. .. .	5	7-12-65	19-4-66	5	—	—	—	—	35	25	60
									C.P.O. 14-6-65 .. .. .	86	7-12-65	8-9-66	82	4	24	42	66	—	—	—
Cannel Street, Ancoats, 1 to 15 .. .. .	9-12-63	116	101	320	18	—	18	—	C.O. 1-2-66 .. .. .	2	—	16-5-66	2	—	—	—	—	1	1	2
									C.P.O. 1-2-66 .. .. .	96	20-7-66	1-3-67	89	7	25	6	31	21	6	27
Wellington Street, Bradford, 1 to 3 .. .. .	10-3-64	1,224	1,190	3,558	2	—	2	2	C.P.O. No. 1, 15-3-65 .. .. .	722	21-7-65	31-12-65	706	16	15	672	687	472	96	568
									C.P.O. No. 2, 15-3-65 .. .. .	498	21-7-65	31-12-65	491	7	23	460	483	274	94	368
Devon Street, Beswick, 1 to 4 .. .. .	30-6-64	708	665	1,980	1	—	1	—	C.P.O. No. 1, 28-6-65 .. .. .	362	23-11-65	10-5-66	362	—	32	315	347	188	105	293
									C.P.O. No. 2, 28-6-65 .. .. .	345	23-11-65	10-5-66	340	5	11	286	297	78	156	234
Napier Street, Ardwick, 1 to 3 .. .. .	30-6-64	496	466	1,596	7	—	7	—	C.P.O. No. 1, 31-8-65 .. .. .	445	9-2-66	25-8-66	443	2	75	304	379	59	269	328
									C.P.O. No. 2, 31-8-65 .. .. .	44	9-2-66	29-9-66	44	—	7	29	36	4	25	29
Turkey Lane, Harpurhey, 1 to 6 .. .. .	30-9-64	1,029	1,001	3,125	3	—	3	4	C.P.O. No. 1, 10-12-65 .. .. .	620	17-5-66	9-12-66	606	14	25	31	56	12	314	326
									C.P.O. No. 2, 10-12-65 .. .. .	402	17-5-66	16-12-66	396	6	33	208	241	29	272	301
Cross Keys Street, Hugh Oldham, 1 to 9 ..	11-11-64	60	62	198	3	—	3	—	C.P.O. 8-8-66 .. .. .	57	22-2-67	13-7-67	50	7	—	3	3	1	8	9

Continued—



Progress table  
31st December, 1967

31st December, 1967																				
Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order			Date of public local inquiry	Order confirmed by Minister		Number of houses demolished			Number of families rehoused by Corporation		
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses	Date		Number of houses		To 31-12-66	To 31-12-67	Total to 31-12-67	To 31-12-66	To 31-12-67	Total to 31-12-67
					To 31-12-66	To 31-12-67	Total to 31-12-67						Included	Excluded						
Oldham Road, New Cross, 1 to 15 .. ..	11-11-64	95	74	218	27	—	27	—	C.P.O. 8-8-66 .. .. .	68	23-2-67	29-9-67	60	8	1	21	22	4	11	15
Webster Street, Greenheys .. .. .	11-11-64	593	589	1,973	10	—	10	—	C.P.O. 1-2-66 .. .. .	583	20-7-66	26-1-67	569	14	13	250	263	17	434	451
Higher Ormond Street, All Saints, 1 to 14..	8-12-64	220	191	617	16	—	16	6	C.P.O. No. 1, 25-10-65 .. ..	7	9-3-66	25-10-66	6	1	—	—	—	—	2	2
									C.P.O. No. 2, 25-10-65 .. ..	1	9-3-66	—	—	1	—	—	—	—	—	—
									C.P.O. No. 3, 25-10-65 .. ..	37	9-3-66	25-10-66	36	1	—	—	—	—	22	22
									C.P.O. No. 4, 25-10-65 .. ..	129	9-3-66	25-10-66	127	2	51	70	121	47	57	104
									C.P.O. No. 5, 25-10-65 .. ..	2	9-3-66	25-10-66	1	1	—	1	1	—	—	—
									C.P.O. No. 6, 25-10-65 .. ..	12	9-3-66	25-10-66	10	2	1	8	9	1	5	6
									C.P.O. No. 7, 25-10-65 .. ..	10	—	26-8-66	10	—	—	10	10	—	9	9
Clifford Street, All Saints, 1 to 17 .. ..	8-12-64	243	202	762	19	—	19	—	C.P.O. No. 1, 29-3-65 .. ..	38	6-7-65	16-11-65	35	3	35	—	35	17	—	17
									C.P.O. No. 2, 25-10-65 .. ..	74	9-3-66	25-10-66	73	1	18	29	47	12	27	39
									C.P.O. No. 3, 25-10-65 .. ..	2	—	30-9-66	1	1	—	—	—	—	—	—
									C.P.O. No. 4, 25-10-65 .. ..	3	9-3-66	25-10-66	2	1	—	—	—	—	—	—
									C.P.O. No. 5, 25-10-65 .. ..	97	9-3-66	25-10-66	93	4	39	16	55	29	22	51
									C.P.O. No. 6, 25-10-65 .. ..	3	—	26-8-66	3	—	3	—	3	—	—	—
									C.P.O. No. 7, 25-10-65 .. ..	2	9-3-66	25-10-66	1	1	—	—	—	—	1	1
									C.P.O. No. 8, 25-10-65 .. ..	3	9-3-66	—	—	3	1	—	—	—	—	—
									C.P.O. No. 9, 25-10-65 .. ..	2	—	26-8-66	2	—	—	—	—	—	—	—
Nightingale Street, Collegiate, 1 to 8 .. ..	24-12-64	45	24	73	2	—	2	—	C.O. 28-2-66 .. .. .	8	7-9-66	20-1-67	3	5	—	—	—	—	—	—
Christie Street, Collegiate, 1 to 13 .. ..	24-12-64	137	105	385	10	—	10	3	C.P.O. 28-2-66 .. .. .	35	6-9-66	6-3-67	29	6	—	3	3	—	6	6
									C.O. No. 1, 17-10-66 .. ..	4	28-6-67	—	—	—	—	—	—	—	—	—
									C.O. No.2, 17-10-66.. ..	3	28-6-67	—	—	—	—	—	—	—	—	—
									C.P.O. No. 1, 17-10-66 .. ..	92	28-6-67	28-9-67	80	12	2	4	6	—	—	—
									C.P.O. No. 2, 17-10-66 .. ..	25	28-6-67	29-9-67	22	3	—	5	5	3	—	3
Bent Street, Collegiate, 1 to 9 .. .. .	24-12-64	67	62	295	8	—	8	—	C.O. 18-7-66 .. .. .	2	—	17-3-67	2	—	—	—	—	—	1	1
									C.P.O. 18-7-66 .. .. .	57	8-2-67	11-5-67	52	5	—	4	4	—	1	1
Howard Street, Collegiate, 1 to 13 .. ..	9-2-65	175	139	443	51	—	51	—	C.P.O. No. 1, 12-12-66 .. ..	75	31-5-67	4-10-67	70	5	—	4	4	2	—	2
									C.P.O. No. 2, 12-12-66 .. ..	49	31-5-67	4-10-67	45	4	6	6	1	—	—	1
Eggington Street, Collyhurst, 1 to 10 .. ..	5-4-65	955	886	2,749	11	—	11	1	C.P.O. No. 1, 6-6-66 .. ..	545	23-11-66	13-9-67	522	23	21	12	33	17	20	37
									C.P.O. No. 2, 6-6-66 .. ..	398	23-11-66	11-9-67	377	21	4	24	28	10	17	27
Rochdale Road, Collyhurst, 1 to 7 .. ..	5-4-65	47	26	88	1	—	1	—	C.P.O. No. 1, 18-7-66 .. ..	46	18-1-67	5-5-67	34	12	1	1	2	—	1	1
Sanderson Street, Hugh Oldham .. .. .	5-4-65	22	22	96	—	—	—	—	C.P.O. 10-12-65 .. .. .	22	—	29-3-66	22	—	—	22	22	19	—	19
Byrom St., St. Peter's, 1 to 17 .. .. .	6-5-65	86	42	107	27	5	32	9	—	—	—	—	—	—	—	—	—	—	—	—
									C.O. No. 1, 11-12-67 .. ..	3	—	—	—	—	—	—	—	—	—	—
									C.O. No. 2, 11-12-67 .. ..	4	—	—	—	—	—	—	—	—	—	—
									C.O. No. 3, 11-12-67 .. ..	2	—	—	—	—	—	—	—	—	—	—
									C.O. No. 4, 11-12-67 .. ..	3	—	—	—	—	—	—	—	—	—	—
									C.O. No. 5, 11-12-67 .. ..	2	—	—	—	—	—	—	—	—	—	—
									C.O. No. 6, 11-12-67 .. ..	2	—	—	—	—	—	—	—	—	—	—
									C.O. No. 7, 11-12-67 .. ..	1	—	—	—	—	—	—	—	—	—	—
									C.O. No. 8, 11-12-67 .. ..	4	—	—	—	—	—	—	—	—	—	—
									C.O. No. 9, 11-12-67 .. ..	4	—	—	—	—	—	—	—	—	—	—
									C.O. No. 10, 11-12-67 .. ..	3	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 1, 11-12-67 .. ..	5	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 2, 11-12-67 .. ..	12	—	—	—	—	—	—	—	—	—	—
Pin Mill Brow, New Cross, 1 to 6 .. ..	6-5-65	65	56	170	5	—	5	—	C.P.O. 22-8-66 .. .. .	60	29-3-67	6-6-67	58	2	4	2	6	2	10	12
Every Street, Ancoats, 1 to 4 .. .. .	6-5-65	20	18	51	—	—	—	—	C.P.O. 25-4-66 .. .. .	20	27-9-66	13-3-67	18	2	—	18	18	—	14	14
Tutbury Street, Ancoats .. .. .	6-5-65	27	27	92	—	—	—	—	C.P.O. 28-3-66 .. .. .	27	10-8-66	8-12-66	25	2	—	16	16	—	23	23
Oliver Street, Openshaw, 1 and 2.. ..	6-5-65	196	191	554	—	—	—	—	C.P.O. 28-2-66 .. .. .	196	10-8-66	19-12-66	194	2	—	31	31	—	101	101
Corinth Street, Harpurhey, 1 to 7 .. ..	18-5-65	436	400	1,092	4	—	4	—	C.P.O. 25-4-66 .. .. .	432	25-10-66	30-3-67	422	10	10	5	15	10	114	124
Dryden Street, Chorlton-on-Medlock, 1 to 9	28-6-65	1,069	1,072	3,962	7	5	12	1	C.P.O. No. 1, 10-4-67 .. ..	397	20-12-67	—	—	—	—	5	5	3	3	6
									C.P.O. No. 2, 10-4-67 .. ..	659	20-12-67	—	—	—	—	3	3	1	—	1
Pigeon Street, Ancoats, 1 to 6 .. .. .	11-8-65	44	35	98	—	—	—	—	C.P.O. 22-8-66 .. .. .	44	30-3-67	19-9-67	32	12	—	—	—	—	3	3



Progress table  
31st December, 1967

Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order		Date of public local inquiry	Order confirmed by Minister			Number of houses demolished			Number of families rehoused by Corporation		
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses		Date	Number of houses		To 31-12-66	To 31-12-67	Total to 31-12-67	To 31-12-66	To 31-12-67	Total to 31-12-67
					To 31-12-66	To 31-12-67	Total to 31-12-67						Included	Excluded						
Pimblett Street, Collegiate, 1 to 11 .. ..	11-8-65	73	49	165	1	—	1	—	C.O. No. 1, 10-4-67 .. ..	14	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 2, 10-4-67 .. ..	3	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 3, 10-4-67 .. ..	2	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 4, 10-4-67 .. ..	4	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 5, 10-4-67 .. ..	2	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 6, 10-4-67 .. ..	3	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 7, 10-4-67 .. ..	4	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 8, 10-4-67 .. ..	15	28-11-67	—	—	—	9	9	—	—	4	4
									C.O. No. 9, 10-4-67 .. ..	2	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 10, 10-4-67 .. ..	7	28-11-67	—	—	—	—	—	—	—	—	—
									C.O. No. 11, 10-4-67 .. ..	16	28-11-67	—	—	—	—	—	—	—	—	—
Hendham Vale, Harpurhey, 1 to 8 .. ..	11-8-65	214	206	655	—	—	—	—	C.O. 19-9-66 .. ..	10	—	17-5-67	10	—	—	—	—	—	—	—
									C.P.O. 19-9-66 .. ..	204	2-5-67	17-7-67	199	5	1	9	10	—	16	16
Stocks Street, Collegiate, 1 to 11 .. ..	11-8-65	100	73	274	13	—	13	—	C.O. No. 1, 29-12-66 .. ..	3	16-8-67	—	—	—	—	—	—	—	—	—
									C.O. No. 3, 29-12-66 .. ..	9	—	15-9-67	9	—	—	—	—	—	—	—
									C.O. No. 4, 29-12-66 .. ..	2	—	15-9-67	2	—	—	—	—	—	—	—
									C.O. No. 6, 29-12-66 .. ..	5	—	—	—	—	5	5	2	—	2	2
									C.P.O. 29-12-66 .. ..	68	16-8-67	16-10-67	61	7	—	19	19	4	7	11
Parker Street, Bradford, 1 to 4 .. ..	17-9-65	702	675	2,015	—	—	—	—	C.P.O. 27-2-67 .. ..	702	24-10-67	—	—	—	—	7	7	—	6	6
Vernon Street, Collegiate, 1 to 3 .. ..	17-9-65	348	316	1,086	6	—	6	—	C.P.O. 24-10-66 .. ..	342	26-7-67	31-10-67	335	7	2	16	18	7	8	15
Everton Road, C-on-M., 1 to 9 .. ..	12-11-65	1,111	1,131	3,918	9	1	10	2	C.P.O. No. 1, 12-6-67 .. ..	379	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 2, 12-6-67 .. ..	404	—	—	—	—	—	3	3	—	1	5
									C.P.O. No. 3, 12-6-67 .. ..	316	—	—	—	—	—	—	—	—	5	6
Sycamore St. Collegiate, 1 to 3 .. ..	10-3-66	409	399	1,291	—	2	2	—	C.P.O. 30-5-67 .. ..	407	—	—	—	—	—	8	8	—	3	3
St. Mark's Lane, Cheetham 1 to 3 .. ..	10-3-66	44	41	121	—	—	—	—	C.P.O. 31-10-66 .. ..	44	26-4-67	26-10-67	35	9	—	—	—	—	19	19
Northgraves St. Cheetham .. ..	10-3-66	490	487	1,508	—	1	1	—	C.P.O. 10-4-67 .. ..	489	29-11-67	—	—	—	—	—	—	—	—	—
Balmfield St., Cheetham, 1 to 4 .. ..	29-3-66	711	788	2,841	2	2	4	1	C.P.O. No. 1, 24-7-67 .. ..	299	—	—	—	—	—	3	3	—	1	1
									C.P.O. No. 2, 24-7-67 .. ..	407	—	—	—	—	—	1	1	—	1	1
Butterworth St., Bradford, 1 to 5 .. ..	10-6-66	756	720	2,125	—	7	7	2	C.O. 21-8-67 .. ..	4	—	—	—	—	—	—	—	—	—	—
									C.P.O. 21-8-67 .. ..	743	—	—	—	—	—	3	3	—	—	—
Galston St. Bradford .. ..	10-6-66	687	657	1,916	—	1	1	—	C.P.O. 29-8-67 .. ..	686	—	—	—	—	—	7	7	—	3	3
Neden Street Openshaw .. ..	2-8-66	157	154	485	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Randolph Street, Openshaw 1 and 2 .. ..	2-8-66	290	275	815	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Compass Street, Openshaw, 1 to 3 .. ..	2-8-66	365	351	1,023	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Eccles Street, Openshaw .. ..	2-8-66	190	177	515	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Chester Road, Hulme .. ..	2-8-66	7	5	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Princess Street, Hulme .. ..	2-8-66	22	23	71	—	—	—	1	C.P.O. 24-7-67 .. ..	28	—	—	—	—	—	—	—	—	—	—
Cornwall Street Openshaw, 1 to 5 .. ..	28-9-66	254	230	677	—	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—
Cheam Street, Openshaw, 1 to 4 .. ..	28-9-66	200	193	599	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turner Street, Openshaw, 1 to 4 .. ..	28-9-66	115	100	335	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Dillon Street, Longsight, 1 to 6 .. ..	8-12-66	532	509	1,688	—	3	3	§ 47	—	—	—	—	—	—	—	—	—	—	—	—
Elland Street, West Gorton, 1 to 3 .. ..	8-12-66	493	470	1,396	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Johnson Street, Cheetham .. ..	8-12-66	173	193	742	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Merryfield Street, Cheetham, 1 to 3 .. ..	8-12-66	119	109	386	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—



Progress table  
31st December, 1967

Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order		Date of public local inquiry	Order confirmed by Minister		Number of houses demolished			Number of families rehoused by Corporation			
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses		Date	Number of houses		To 31-12-66	To 31-12-67	Total to 31-12-67	To 31-12-66	To 31-12-67	Total to 31-12-67
					To 31-12-66	To 31-12-67	Total to 31-12-67						Included	Excluded						
Smedley Rd., Cheetham, 1 to 4 .. .. .	13-3-67	38	34	154	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Birch St., West Gorton .. .. .	13-3-67	1,077	1,034	2,946	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Adswood St., Bradford .. .. .	13-3-67	29	28	72	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Pollard St., Ancoats, 1 and 2.. .. .	13-3-67	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Merrill St., Ancoats.. .. .	13-3-67	2	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Longacre Street, St. Peters .. .. .	13-3-67	21	21	56	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hampson Street, Hugh Oldham .. .. .	13-3-67	6	4	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enoch Street, Hugh Oldham, 1 to 3 .. ..	13-3-67	20	13	23	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Johnson's Sq., Hugh Oldham .. .. .	13-3-67	6	4	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Linacre Street, Hugh Oldham .. .. .	13-3-67	2	1	13	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Pitt Street, Hugh Oldham, 1 to 3 .. .. .	12-6-67	41	35	103	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Crompton Street, Hugh Oldham, 1 and 2 ..	12-6-67	110	83	209	—	17	17	—	—	—	—	—	—	—	—	—	—	—	—	—
Wellock Street, Newton Heath 1 to 6 .. ..	12-6-67	415	400	1,139	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Ceylon Street, Newton Heath, 1 to 6 .. ..	12-6-67	135	121	293	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brampton Street, Newton Heath, 1 to 4 ..	1-8-67	667	620	1,711	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pilling Street, Miles Platting, 1 to 4 .. ..	1-8-67	475	443	1,211	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Riding Street, Miles Platting, 1 to 7 .. ..	18-8-67	340	317	871	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rhodes Street, Miles Platting, 1 to 5 .. ..	18-8-67	118	90	231	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—
Forrest Street, Beswick .. .. .	18-8-67	90	87	282	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hutchins Street, Bradford, 1 to 3 .. .. .	18-8-67	91	89	252	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brougham Street, West Gorton, 1 and 2 ..	6-9-67	838	791	2,322	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Harper Street, Longsight .. .. .	6-9-67	19	18	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Park Avenue, Longsight, 1 to 4 .. .. .	26-9-67	354	362	1,276	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carter Street, Greenheys, 1 to 6 .. .. .	6-11-67	533	590	2,444	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Monton Street, Greenheys, 1 to 3.. .. .	4-12-67	427	543	2,449	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		44,516	43,228	136,777	967	92	1,059	212		34,613			27,924	614	18,794	4,240	23,034	17,707	2,810	20,517

NOTE: \* 21 houses included in London Road Declaration of Unfitness Order, 1959.  
† 68 houses included in proposed Link Road 17/7 Declaration of Unfitness Order No. 1. 1961.  
‡ Application for the confirmation of C.O. Nos. 1 and 2 withdrawn, as the 23 houses were demolished by the owners under Section 31 of the Manchester Corporation Act, 1946.  
§ 47 houses included in St. Clements C. of E. Primary School, Longsight, E.C.P.O. 1966.



# Redevelopment Projects

Progress table  
31st December, 1967.

31st December, 1967.																
Title	Official certification				Houses in the area on making of order		Date of public local inquiry	Order confirmed by Minister			Number of houses demolished			Number of families re-housed by Corporation		
	Date	No. of houses	No. of families	No. of persons	Date	No. of houses		Date	No. of houses		To 31-12-66	To 31-12-67	Total To 31-12-67	To 31-12-66	To 31-12-67	Total To 31-12-67
									Included	Excluded						
London Road Declaration of Unfitness Order . . . . .	29-5-59	26	22	70	20-7-59	26	24-11-59	15-3-60	26	—	26	—	26	17	—	17
Ducie Secondary Technical School E.C.P.O. . . . .	11-6-59	8	15	81	5-1-59	8	—	20-5-59	8	—	8	—	8	4	—	4
Regional College of Art E.C.P.O.	11-6-59	33	34	119	11-5-59	33	23-10-59	25-2-60	33	—	33	—	33	28	—	28
Central Technical College E.C.P.O.* . . . . .	19-6-59	50	35	124	5-5-58	50	30-10-58	23-1-58	50	—	52	—	52	36	—	36
Rumford St. and Devas St. Chorlton-on-Medlock C.P.O.†	3-7-59	39	46	223	8-6-59	39	5-11-59	22-2-60	39	—	42	—	42	27	—	27
St. John's College of Further Education E.C.P.O. . . . .	13-8-59	25	21	68	30-11-59	25	—	5-8-60 11-8-60	25	—	25	—	25	20	—	20
South Hulme Secondary School E.C.P.O. . . . .	17-5-60	146	145	515	9-10-61	146	11-7-62	29-11-62	146	—	146	—	146	130	—	130
St. George's C. of E. Primary School E.C.P.O. . . . .	30-6-60	30	23	72	13-6-60	30	9-3-61	29-5-61	30	—	30	—	30	23	—	23
St. Augustine's R.C. Primary School E.C.P.O. . . . .	7-12-60	11	9	26	2-8-60	11	—	18-11-60	11	—	11	—	11	10	—	10
Link Road 17/7 Declaration of Unfitness Orders, Nos. 1, 2, 3 and 4 . . . . .	30-10-61	532	481	1,644	26-3-62	501	21-8-62	4-2-63	490	11	484	1	485	397	—	397
Acomb Street and Eldon Street C.P.O. . . . .	12-10-62	55	56	228	3-9-62	55	—	20-3-63	54	1	54	—	54	36	—	36
St. Mark's C. of E. Primary School, West Gorton E.C.P.O.	1-11-66	90	90	280	4-4-66	90	—	5-8-66	90	—	—	90	90	—	80	80
Ackers Street and Oxford Road C.P.O. . . . .	8-12-66	79	72	273	24-10-66	79	24-1-67	19-7-67	79	—	—	16	16	—	26	26
St. Clements C. of E. Primary School, Longisght, E.C.P.O.	8-12-66	47	49	179	29-12-66	47	—	10-3-67	47	—	—	—	—	—	24	24
Ducie Technical High School for Boys E.C.P.O. . .	14-2-67	23	29	120	15-8-66	23	—	30-12-66	23	—	—	17	17	—	16	16
Holy Trinity C. of E., Blackley E.C.P.O . . . . .	4-4-67	31	26	62	1-2-66	31	6-10-66	8-3-67	31	—	—	—	—	—	—	—
Abraham Moss College of Further Education, Cheetham Hill C.P.O. . . . .	18-8-67	78	62	164	—	—	—	—	—	—	—	7	7	—	2	2
	—	1,303	1,215	4,248	—	1,163	—	—	1,182	12	911	131	1,042	728	148	876

NOTE: \*Two unfit houses not included in the order, demolished by arrangement with the owner.  
†Three unfit houses not included in the order, as they were already owned by the University.  
E.C.P.O. Education Compulsory Purchase Order.



The nearest Reception Centre of the Ministry of Social Security, to accommodate persons without a settled way of life, is situated outside the City and one of the social organizations issues bus warrants to enable men to travel to the centre, or if necessary arranges conveyance for them.

The occupancy rate of the common lodging houses continued to vary, mainly on a seasonal basis, with the least number of vacancies in the winter period. It was rare for any of the men's lodging houses to be fully occupied and the accommodation for women was consistently under-occupied.

In no instance was any formal action necessary to secure attention to conditions at these premises. Close liaison was maintained between the managements and the department's clinic for the personal cleansing and disinfection of the clothing of persons from these common lodging houses. There were 587 such attendances at this clinic.

### **Movable dwellings**

The number of privately owned caravan sites, providing for a total of 34 caravans, licensed in accordance with the Caravan Site and Control of Development Act, 1960, remained at six.

Whilst the use of these sites did not present any problem to the department, difficulties continued to arise from the unauthorized use of land by itinerant caravan dwellers, usually involved in the collection and sorting of rags and scrap metal. Commonly, the land so used was in built-up areas and comprised sites of demolished houses on which redevelopment was pending. Nuisances arising from such use of the various sites by caravans necessitated action by the department. Verbal requests by inspectors secured the removal of 22 caravans, but formal action, including the service of 64 orders from the City Magistrates' Court, under the provisions of section 18 of the Manchester Corporation Act, 1956, was required in respect of 103 caravans. In six instances of failure to comply with court orders, penalties totalling £29 were imposed before removal took place. Additionally, with other caravans, where the particular sites were owned by Corporation departments, the alternative legal right to tow caravans off the sites had to be invoked by the departments so concerned. In either instance the remedy is of short term duration, since similar action repeatedly becomes necessary, with recurring frustration and expense in terms of manpower and the costs of caravan towing and cleansing of sites after vacation.

The terms of Circular 26/66 of the Ministry of Housing and Local Government, urging local authorities to consider the provision of properly equipped caravan sites for such itinerant caravan dwellers, and the further Circular 60/67 following the report of the Ministry's Sociological Research Section on "Gypsies and other Travellers", were considered by the joint committee of representatives of the Health and Town Planning Committees. In the prevailing absence of suitable land for a proper site in the City, and following enquiries of neighbouring authorities on the possibility of a joint scheme, it was decided to inform the Ministry of the impracticability of providing a site in the City.

### **Canal boats**

Arising from amendment of the Public Health Act, 1936, by the Local Government Act, 1966, registration of the diminishing number of canal boats is no longer required. Other requirements, however, remain applicable under the Public Health Act, 1936, and earlier regulations directed to ensuring the maintenance of satisfactory conditions on canal boats used as dwellings.

Thirty-two inspections were made of such boats and with three exceptions they were found to satisfy the regulations. Two of the exceptions were concerned with failure to maintain clean conditions and were remedied following verbal cautions to the masters. Similarly, a minor defect was repaired on one boat following a verbal caution to the owner.

All boats were found to be crewed by men who only occasionally slept on board and no families or children were found to be living on any of the boats inspected.

No case of infectious disease was reported as having occurred on any canal boat within the City.

## Occupational Conditions

### Industrial premises

With the exceptions of requirements in respect of sanitary accommodation in all factories and the cleanliness, overcrowding, temperatures, ventilation and drainage of floors in factories without mechanical power, the responsibility for the enforcement of the Factories Act, 1961, and related regulations is that of the Ministry of Labour through H.M. Inspectors.

The number of factories on the departmental register, and inspections made, were:—

<i>Premises</i>	<i>Number on register</i>	<i>Inspections</i>	<i>Number of written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories (non-mechanical) in which sections 1, 2, 3, 4 and 6 are enforced by the local authority .. .. .	370	325	—	—
(ii) Factories (mechanical) not included in (i) in which section 7 is enforced by the local authority .. .. .	4,350	867	31	—
(iii) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises) ..	187	207	—	—
Totals .. .. .	4,907	1,399	31	—

The inspections made, and action taken, where unsatisfactory conditions were reported mainly in connection with older, smaller factories, are as follows:—

<i>Particulars</i>	<i>Number of cases in which defects were found</i>				<i>No. of letters re defects in factories</i>	<i>No. of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Re-medied</i>	<i>Referred to H.M. Inspector</i>	<i>Referred by H.M. Inspector</i>		
Want of cleanliness (section 1) .. .. .	1	1	—	1	—	—
Overcrowding (section 2) .. .. .	—	—	—	—	—	—
Unreasonable temperature (section 3) .. .. .	—	—	—	—	—	—
Inadequate ventilation (section 4) .. .. .	—	—	—	—	—	—
Ineffective drainage of floors (section 6) .. .. .	—	—	—	—	—	—
Sanitary conveniences (section 7) .. .. .						
(a) Insufficient .. .. .	1	3*	—	2	3	—
(b) Unsuitable or defective .. .. .	17	28**	—	27	29	—
(c) Not separate for sexes .. .. .	3	4†	—	3	6	—
Other offences against the Act (not including offences relative to outworkers) .. .. .	4	—	4	—	—	—
Totals .. .. .	26	36	4	33	38	—

\* Includes 2 from previous year.

\*\* Includes 11 from previous year.

† Includes 1 from previous year.

## Non-industrial employment

### *Registration and inspection*

In accordance with section 49 of the Offices, Shops and Railway Premises Act, 1963, the employment of persons in premises to which the Act applies, is required to be notified on a prescribed form. This requirement became operative on 1st May, 1964, and since that date the department has received the prescribed forms for 10,333 premises with a total of 140,016 persons employed. The number received in 1967 was 552, compared with 310 in the previous year, again mainly, however, resulting from visits by inspectors rather than from the spontaneous compliance with the obligatory notification.

### Notifications of employment

Class of premises	Notifications during 1967		Total notifications	
	Premises	Employees	Premises	Employees
Offices .. .. .	201	2,807	5,047	88,909
Retail shops .. .. .	250	717	3,677	23,145
Warehouses .. .. .	59	546	666	14,745
Cafes, canteens .. .. .	41	268	930	13,148
Fuel storage depots .. .. .	1	7	13	69
Totals .. .. .	552	4,345	10,333	140,016
	Males 2,210		Males 67,104	
	Females 2,135		Females 72,912	

The number of registered premises receiving detailed inspections was 3,127, compared with 1,735 during the previous year. Approximately 56 per cent of the total number of registered premises have been so dealt with.

### *Operation of the general provisions of the Act*

The following unsatisfactory conditions were dealt with:

Cleanliness—	
rooms .. .. .	188
fittings .. .. .	48
passages .. .. .	64
Overcrowding .. .. .	8
Temperature .. .. .	164
no thermometer .. .. .	902
Ventilation .. .. .	145
Lighting .. .. .	133
Seats—	
not provided (shop premises) .. .. .	41
unsuitable .. .. .	31
Floors, passages, stairs—	
maintenance .. .. .	120
obstructed .. .. .	67
no handrails, and unguarded openings .. .. .	105

Drinking water—										
supply inaccessible	..	..	..	..	..	..	..	..	..	9
no utensils	..	..	..	..	..	..	..	..	..	12
no rinsing facilities	..	..	..	..	..	..	..	..	..	12
Outdoor clothing—										
no accommodation	..	..	..	..	..	..	..	..	..	79
Eating facilities	..	..	..	..	..	..	..	..	..	73
Machinery—										
inadequate fencing	..	..	..	..	..	..	..	..	..	51
Sanitary accommodation—										
unsuitable or insufficient	..	..	..	..	..	..	..	..	..	72
not clean	..	..	..	..	..	..	..	..	..	39
lighting insufficient	..	..	..	..	..	..	..	..	..	118
not conveniently accessible	..	..	..	..	..	..	..	..	..	13
disposal of sanitary dressings	..	..	..	..	..	..	..	..	..	36
Handwashing—										
insufficient hand basins	..	..	..	..	..	..	..	..	..	67
not conveniently accessible	..	..	..	..	..	..	..	..	..	37
no soap or towels	..	..	..	..	..	..	..	..	..	112
no hot and cold or warm water supply	..	..	..	..	..	..	..	..	..	190
not clean	..	..	..	..	..	..	..	..	..	69
moderate lighting	..	..	..	..	..	..	..	..	..	34
First-aid—provisions unsatisfactory	..	..	..	..	..	..	..	..	..	615

Contraventions continued to be associated mainly with, but were not restricted to, conditions at the older type of premises, particularly those in multiple occupation and although involving a wide range of standard requirements, they related especially to sanitary conveniences and handwashing facilities, whilst the absence of cleanliness and failure to comply with the requirements as to a maximum temperature of 16°C. and suitable and sufficient lighting, continued to occur. The feature of the relatively frequent absence of thermometers also remained. The failure to satisfy the requirements as to floors, passages and stairs was mainly concerned with inadequate maintenance of surface coverings, but also included the absence of handrails to staircases and some unguarded openings. Concerning first-aid boxes or cupboards, even where such had been provided, the need to ensure replenishment of the contents following use had not always been observed. The necessity to invoke the procedure of section 22, concerned with Court Orders to prohibit dangerous conditions or practices, did not arise.

Close liaison was maintained with the Ministry of Labour's Inspectors in the enforcement of the provisions of the Act.

For scrutiny in respect of requirements of this department concerning the Offices, Shops and Railway Premises Act, the City Architect continued to forward plans of buildings received by him for approval under Building Regulations.

### *Accidents*

Accidents to employees at premises subject to the Act are notifiable by the employers, if causing disablement for more than three days, or death. Notifications of 286 accidents were received compared with 248 in the previous year. None were fatal, whereas three fatalities occurred during 1966. The type of premises at which the reported accidents occurred and the adults and young persons affected are summarised as follows:—

Class of workplace	Number of accidents reported				
	Fatal		Non-fatal		Totals
	Adults	Young persons	Adults	Young persons	
Offices .. .. .	—	—	65	4	69
Retail shops .. .. .	—	—	76	9	85
Wholesale warehouses .. ..	—	—	49	8	57
Catering establishments .. ..	—	—	49	2	51
Canteens .. .. .	—	—	24	—	24
Fuel storage depots .. .. .	—	—	—	—	—
Totals .. .. .	Nil	Nil	263	23	286

It appears unlikely, however, that 286 reported accidents amongst approximately 140,000 persons employed represent the number of notifiable accidents that actually occurred. Each incident was investigated and recommendations made to minimise the recurrence of accidents.

Investigations revealed that most of the notified accidents could have been avoided with the exercise of reasonable care and attention. Falling continued to be the main cause of accidents, and a large number of falls were due to slipping on wet surfaces.

Two accidents to window cleaners emphasised the particular dangers of this occupation in high buildings. In one incident, a man fell 50 feet when a cradle collapsed. His fall was broken as he fell on to the roof of a parked car but he was seriously injured. A second incident arose from the man-handling of heavy cleaning equipment. The man was engaged in cleaning windows of a multi-storey office block necessitating the use of a cradle suspended from roof-mounted equipment, the transfer of which from one side of the building to the other presented a hazard. As, however, the operation was carried out from the roof of the building occupied by a number of tenants, it was not work done in “a common part” of the building as defined by section 42 of the Act and, consequently, escaped the formal control otherwise available. Nevertheless, the need for structural and equipment alterations was urged on the owners of the building with a view to minimising the risk of similar accidents. This experience reveals a need for a review of the implications of the existing definition of “common parts” of a multiple occupied building under the Act.

Three accidents arose from the use of lifts. In one instance, an employee of the owners of a multi-storey office block improperly opened a door to a lift shaft and fell down the shaft. Although occurring in connection with machinery used in a common part of the building, this was an accident which the Act does not require the owner to notify, only an occupier having that duty. In a further lift accident, a serious hand injury was caused by the lift cage moving whilst an employee had his hand through the lattice outer gate. In a third incident a young male employee suffered injury through operating a lift in an improper manner.

The nature of the injuries sustained were:—

	1967	1966
Fractures and dislocations .. .. .	48	40
Sprains and strains .. .. .	55	47
Internal injuries .. .. .	—	1
Amputation injuries .. .. .	5	2
Open wounds and surface injuries .. .. .	62	55
Bruising, crushing and concussion .. .. .	61	66
Burns .. .. .	13	8
Multiple injuries of a different nature .. .. .	—	2
Other injuries .. .. .	42	27
	<u>286</u>	<u>248</u>

The primary causes of the accidents and the category of persons affected were as follows:—

Primary cause	Adults 18 years and over		Young persons under 18 years		Totals
	Males	Females	Males	Females	
Machinery .. .. .	6	7	—	1	14
Transport .. .. .	14	1	—	—	15
Fires and explosions .. .. .	2	2	—	—	4
Electrical .. .. .	2	—	—	—	2
Hand-tools .. .. .	6	4	1	—	11
Falls .. .. .	32	65	2	8	107
Stepping on/striking against/objects .. .. .	12	25	2	—	39
Handling goods .. .. .	19	8	2	2	31
Struck by falling object .. .. .	10	8	1	1	20
Not otherwise specified .. .. .	20	19	1	3	43
Totals .. .. .	123	139	9	15	286

*Prosecutions*

The nature of prosecutions instituted and the outcome were:—

Section of the Act	Information laid	Convictions	Penalties
6. Thermometer not provided .. .. .	1	1	£10
9. Sanitary conveniences .. .. .	2	2	7
10. Washing facilities .. .. .	1	1	5
17. Fencing exposed machinery .. .. .	1*	1	10
24. First-aid provision .. .. .	1	1	10
50. Information for employees .. .. .	1	1	10

\* This prosecution related to circumstances as reported previously in 1966, the proceedings not ensuing until 1967, resulting in the occupier being fined £10.

## Outwork

The number of firms employing outworkers in 1967 decreased to 180, from 211 during the previous year and from 220 in 1965. The number of persons so employed in the City also decreased to 966 compared with 1,121 during the previous year. A similar reduction occurred in the number (788 compared with 991), notified as being employed outside the City by Manchester firms. The reductions were mainly in trades concerned with the making up of wearing apparel, overalls and tailoring and there was an increase in the number of outworkers engaged on household textiles.

The notifications are obligatory under section 133 of the Factories Act, 1961, to facilitate the securing of the maintenance of satisfactory working conditions, including the prohibition of home work on premises where a notifiable disease may exist. Inspections of the outworkers' premises did not reveal any condition necessitating action by the department.

Details of the different trades and outworkers were as follows:—

Trades	Outworkers	
	Inside city	Outside city
Wearing apparel .. .. .	622	562
Tailors .. .. .	79	24
Overalls .. .. .	26	13
Umbrellas, etc. .. .. .	68	82
Household textiles .. .. .	134	58
Soft furnishings .. .. .	16	33
Soft toys .. .. .	3	6
Cartons .. .. .	18	10
Totals .. .. .	966	788

## Shop Acts, 1950 to 1965

### Young Persons (Employment) Acts, 1938 and 1964.

In the enforcement of the various requirements, including those relating to assistants weekly half-holidays, the employment of young persons, Sunday trading and evening closing, more than 6,000 visits were made.

Concerning the provisions as to Sunday trading, formal trade representation was made to the Corporation that, in spite of the prosecution of some offenders, retail sales on Sundays in contravention of the Act were increasingly advertised and practised, especially at premises of the warehouse type. Complaints were also received of failures to observe the prescribed evening closing of retail trading at other premises.

In respect of Sunday trading twenty-one prosecutions resulted in fines and costs totalling £205 18s. without, however, offenders incurring the maximum penalties on repeated contraventions. Six failures of traders to comply with the evening closing hour requirements resulted in fines and costs amounting to £126 16s.

Representation having been made to the Corporation that hairdressing establishments should be exempted from the compulsory half-day closing, a poll was taken after the necessary public notice, of all the traders registered with the department. The result showed that a small majority of those who voted were in favour of exemption, 219 for, 214 against, with 287 not availing themselves of the opportunity to vote. The Shops Act, 1950, requires an Exemption Order to be made where at least one-half of the votes recorded are in favour of the exemption. Accordingly, the Corporation made an Order exempting hairdressers' and barbers' shops in Manchester from the necessity to close for a weekly half-holiday. The statutory requirement as to the assistant's weekly half-holiday is not affected by the Order.

Five applications were registered from persons who, having made the prescribed statutory declaration of a conscientious objection on religious grounds to carrying on trade or business on their Sabbath, are permitted to trade until 2.0 p.m. on Sundays subject to their shops being closed on Saturdays. There are 301 persons so registered.

Six certificates were issued granting conditional exemption from half-day and evening closing hour requirements at exhibitions, where retail trading was subsidiary or ancillary to the main purpose of the exhibitions.

## **General Sanitary Conditions**

### **Infectious disease**

Public health inspectors investigated 1,373 notified cases of infectious disease, including 510 of infective hepatitis, now notifiable in Manchester. Additionally, 1,032 visits were made to contacts with notifiable diseases.

Port health authorities notified the department of the arrival of 33 persons, from countries where smallpox was endemic, not possessing valid certificates of vaccination. Each person, after vaccination on arrival, was visited and kept under surveillance. The notified destination addresses of 744 long-stay immigrants were also visited for the purpose of informing immigrants of the health services available and in particular to advise registration with a general medical practitioner.

The investigation of the circumstances of the death of a householder due to anthrax, elicited strong presumptive evidence that the imported bone meal fertilizer he had been using in his garden was the vehicle of infection. Since the risk of such infection is inherent in the importation of unsterilized bone meal from countries where the disease is endemic among animals, representation was made to the Ministry of Health, on behalf of the City Council, seeking review of the continued distribution of such imported and potentially infected material.

Arising from the investigation of a notified case of typhoid fever it was necessary, as a precaution against the spread of the infection, that a family contact with the case should temporarily discontinue his employment as a food handler. Consequential nett loss of earnings was subsequently paid to the individual by the Corporation.





## **Stopped up drains and sewers**

It was necessary to serve 645 notices under the provisions of section 41 of the Manchester Corporation Act, 1950, requiring attention without delay to stopped up drains (512), private sewers (97) soilpipes, wastepipes and waterclosets (36).

At 577 other premises immediate repairs to public sewers were carried out by approved contractors on the instructions of the department, in accordance with the emergency provisions of sections 23 and 24 of the Public Health Act, 1936, as amended by section 33 of the Manchester Corporation Act, 1946. Defective public sewers at 47 premises were also similarly remedied following the service of notices under section 24 of the Public Health Act, 1936. Additionally where possible, as in 55 instances, the departments drain examiners released stoppages without resort to formal action.

## **Examination of drains**

Section 48 of the Public Health Act, 1936, as extended by section 34 of the Manchester Corporation Act, 1946, empowers the Corporation to examine and test drains which are believed to be defective and this action was taken in respect of 257 premises.

The most common circumstances requiring such examinations were those of percolations (67), recurring stoppages in drains (66) and rat burrowing (61). The investigation of subsidences (27), offensive smells (9) and suspected defects (27) also included such procedure. In each instance appropriate action was taken to remedy the defective conditions revealed by the examinations.

## **Sanitary accommodation**

Where plans, submitted to the City Architect for approval under the Building Regulations, also involved duties of this department under different statutory requirements, including those concerned with sanitary accommodation, the plans were scrutinized by the public health inspector and observations forwarded both to the City Architect and the developers. This established inter-departmental practice continued to facilitate the implementation of relevant statutory requirements in the progress of the building work, to the ultimate mutual advantage of the owners or occupiers of the building and the department.

The defective condition of sanitary accommodation was remedied at 230 premises following formal action by the department. With the aid of improvement grants, indoor waterclosets were provided in lieu of external accommodation at 197 dwellinghouses.

Pail closets or similar accommodation remained in use at 137 premises either because of the absence of a sewer in the proximity or the impending demolition of the properties. Additionally, similar conveniences were temporarily in use on some building sites until the progress of the work made it practicable to provide waterclosets.

Concurrently, with attention to other requirements of the department, the adequacy of sanitary accommodation was dealt with at "entertainment clubs" under the Manchester Corporation Act, 1965, and at establishments seeking licences under the Licensing Act, 1964.

## Disposal of refuse

The Director of Public Cleansing, whose department undertakes the municipal collection and disposal of refuse, has supplied the following information on the total of 257,539 tons of refuse so dealt with:—

	<i>Tons</i>	<i>Percentage</i>
Controlled tipping .. .. .	226,388	87·90
Separation and incineration .. ..	13,146	5·10
Direct incineration .. .. .	2,099	0·83
Sales, manufactures, etc. .. ..	5,236	2·03
Pulverising and composting plant ..	10,670	4·14
	<hr/> 257,539 <hr/>	<hr/> 100·00 <hr/>

Although the Cleansing Department's service in the free collection and disposal of unwanted household effects, including furniture and bulky articles, was readily available, the clearance of such other rubbish by that department from passages and land, together with the removal of the hulks of abandoned vehicles, continued to be necessary.

Part III of the Civic Amenities Act, 1967, in respect of the disposal of abandoned vehicles and other refuse, which was referred by the City Council to the Cleansing Committee now imposes penalties for the unauthorised dumping of such vehicles and other refuse, whilst also authorising removal and disposal by the Corporation.

In order to secure the removal of offensive accumulations of refuse from land and vacated properties it was necessary to invoke the Public Health Act procedure with the issue of 174 abatement notices. The surveillance of three private tips was maintained to prevent nuisance arising.

## Rodent control

The Prevention of Damage by Pests Act, 1949, requires that the occupiers of rodent infested premises shall notify the local authority of the infestations and the local authority shall ensure that appropriate eradictory measures are applied throughout its district.

In attending to these duties at dwellings the department continued the free eradictory service, mainly with the use of warfarin, and on request undertook the similar treatment of business premises, but on the basis of charging for the time taken and materials used. These charges totalled £3,096. Infestations at other business premises were dealt with by private operating companies or individuals, commonly on a contractual basis, without however the actual extent or precise nature of this work being known by the department.

Although only minor infestations of either rats or mice were encountered, compared with four major infestations of rats and ten of mice during the previous year, the number of properties at which minor rat infestation was found remained virtually unchanged and there was an increase of approximately 25 per cent in the number of minor infestations with mice. It is probable that the extensive demolition of old properties in particular areas of the City is of significance here, but the circumstances remain under scrutiny.

The types of infestation and premises concerned were as follows:—

	Type of property	
	Non-agricultural	Agricultural
Number of properties in the City .. .. .	230,337	49
Number inspected as a result of notifications .. .. .	9,342	7
Number found to be infested by		
rats .. .. .	2,074	4
mice .. .. .	4,525	4
Number inspected for reasons other than notification.. ..	977	—
Number found to be infested by		
rats .. .. .	210	—
mice .. .. .	522	—

The systematic treatment of the City’s sewers, with the use of fluoroacetamide and bait, was maintained by the Engineer and Surveyor’s Department who report that of the total of approximately 17,000 sewer manholes, 10,000 were treated twice and 4,200 once.

**Eradication of insect pests**

The reported incidence of the more common household insect pests, in particular of bed-bugs, fleas and house-flies, remains at a low level and, where pronounced degrees of infestation were encountered, they were invariably associated with protracted and exceptional neglect of persons and premises. In one instance, a sudden extensive cockroach infestation of houses necessitated formal action to secure eradictory measures at the focal point of infestation in a neighbouring disused piggery, from which the cockroaches were migrating. An unusual infestation of several houses with small flies, identified as *Paracollinella caenosa*, emanated from a leakage in the house drainage system which provided suitable media for the breeding of the flies in the site subsoil. Amongst the isolated infestations was one caused by dermestidae hide beetles, *Anthenus verbasci*, which was found to have been introduced to the house in the infested hide which covered a small imported model of a bull. The concern of the proprietor of a factory, making handbags, about the presence of “scorpions” was found to arise from an infestation with “devil’s coach horse” beetles, *Staphylinus caesareus*.

The Housing Director reports that his department’s disinfection service dealt with the furniture and effects of 435 households on their removal to Corporation houses and that bed-bug infestations were similarly dealt with at 414 of the department’s houses.

**Feral pigeons**

At the request of the Ministry of Agriculture, Fisheries and Food, the department co-operated with their officials, with neighbouring local authorities and with the owners of premises in planning and executing humane measures to deal with feral pigeon infestations of premises in the dock area, and a contiguous area within the City.

Additionally, appropriate means to deal with infestations elsewhere commonly including the use of a trapping technique, were advised to the owners of particular premises.

## **Offensive trades**

The establishment of defined "offensive trades" requires registration by the local authority in accordance with the Public Health Act, 1936, Section 107, as extended by an order applicable to Manchester. The following long established trades are so registered at seven different premises: rag and bone dealing (3), hides and skins treatment (1), fat extraction (1) oil distillation (1) and rubber substitute manufacturing (1). Whilst the continuance of these trades at the seven particular premises is subject to renewal of their registration customarily on a biennial basis, there are also 23 other businesses which by reason of their existence before the procedure of a limited period of registration was available, are not required to seek such renewal. The conduct of these businesses, however, and of the others is subject to the liability of action under the nuisance provisions of the Public Health Act, 1936. Special surveillance is taking place in the investigation of the circumstances of complaints of offensive emissions, intermittently occurring in a mixed industrial and residential area containing two of the "offensive trades" and other chemical processes at different factories.

## **Effluvium and dust nuisance**

The necessity for formal action to secure appropriate remedial abatement measures did not arise except in two cases, one resulting from the discharge to atmosphere of industrial paint spraying fume, the other from the emission of fume and textile "fluff" from cleaning processes. In some other instances, the widespread effect of intermittent emissions presented initial difficulties and rather prolonged investigations to identify the responsible processes and works, and close liaison was maintained with the inspector responsible for scheduled works and processes under the Alkali, Etc., Works Act, 1906, and subsequent Orders. An effluvium nuisance found to be due to the pollution of a watercourse outside the City, but causing serious nuisance downstream within the City, was dealt with by the appropriate Rivers Authority.

The need continued to require the adoption of measures to minimise dust emissions from building demolitions, especially in the built-up central area of the City.

## **Noise nuisance**

Noise, as annoying or unwanted sound, continued to occupy much of the time of public health inspectors in dealing with complaints, particularly late at night or early in the morning. Where the sources were of a domestic nature, such as noise from adjacent residential premises, usually an inspector's enquiry into the particular circumstances was sufficient to restore good neighbourliness and resolve the complaints. Similarly, with most non-domestic sources causing complaints, those responsible readily recognized a need to avoid unnecessary, unreasonable or excessive noise in the conduct of their business. In some instances, the fact that excessive noise was causing discomfort to householders nearby, had not been appreciated. Also actionable under the Noise Abatement Act, 1960, intermittent vibrations in a locality, due to the overloading of a large spin dryer in a nearby commercial laundry, was the cause of complaints.

Formal action was necessary to secure the abatement of a noise nuisance from the use of forced draught in a car washing and drying plant, and court proceedings were pending at the end of the year. The service of abatement notices was also necessary in respect of noise nuisances from a paint processing plant; music amplifying equipment at a dance hall; the manufacture of welded tanks; the mechanical ventilation system at a restaurant; the operation of a laundrette and the use of unmuffled pneumatic drills in the excavation of a building site in the central area of the City.

### **and used by pleasure fairs**

The use of approved sites for pleasure fairs, in accordance with the agreement between the Showmen's Guild and the Corporation, was reported on thirteen occasions. Eleven fairs were held in public parks or recreation grounds, one on land awaiting redevelopment and owned by the Corporation, and one on a privately owned site.

Conditions at the sites generally were found to be satisfactory and no formal action was necessary.

### **Rag flock and other filling materials**

There are 57 premises in the City where fillings designated under the Rag Flock and Other Filling Materials Act, 1951, are used in the manufacture of upholstery (29), quilts (16), bedding (9), cushions (2) and soft toys (1).

No rag flock is manufactured within the City, but six premises are licensed for the storage of rag flock for distribution to users at their registered premises. During the year two registrations were cancelled due to the closure of the particular businesses.

Fifty-seven visits were made in the administration of the Act and eighteen samples were obtained and submitted to the prescribed analyst for examination. These samples comprised rag flock (5), cotton felt (4), wool felt (3), wool mixture felt (2), coir fibre (2), hair (1) and kapok (1). One sample of cotton felt was found to contain an amount of "trash" slightly in excess of the permitted standard and the firm concerned was cautioned: a repeat sample taken later at the same premises was found to be satisfactory.

The analysis of another sample, that of rag flock, contained 58 parts per 100,000 of chlorine in the form of soluble chlorides, thereby exceeding the maximum permissible amount of 30 parts per 100,000 prescribed by the Regulations. Legal proceedings were taken against the manufacturers, who were fined £25.

### **Consumer Protection Act, 1961**

The Children's Nightdress Regulations, 1967, became operative on the 1st September, revoking earlier regulations made in 1964, and in effect extending prescribed requirements as to the flame resistance and labelling of all "nightdresses". In the course of 67 visits made to shops and market stalls to ensure observance of these requirements, one child's cotton nightdress, the only one remaining from old stock, was found to fail the flame resistance test. The vendor was cautioned.

The Toys (Safety) Regulations, 1967, became operative on the 1st November, prohibiting the sale of toys (other than table tennis balls) made of cellulose nitrate which is dangerously flammable, and also prescribing a maximum permissible amount of lead in any paint used on toys. Before the operative date, visits were made to sixteen toy dealers to remind them of these new safety regulations. Two of eight samples then obtained for examination by the public analyst were found to contain the prohibited cellulose nitrate and the dealers withdrew their stocks from sale. Other visits made after the date of the commencement of the regulations did not reveal any toys contravening the requirements.

### **Export of washed rags and second-hand clothing**

To enable exporters to comply with the public health requirements of certain importing countries, four and a half tons of rags, including some cotton waste, and twenty-four articles of second-hand clothing were disinfected and certified by the department as having had that treatment.

## **Swimming baths**

There are 42 swimming baths in use in the City, 26 indoor baths owned by the Corporation's Baths Department, 13 other indoor baths at colleges and schools and three privately owned open air baths. Another two indoor swimming baths are known to be nearing completion at schools.

All baths are provided with continuous filtration plant having a "turnover" period of less than four hours.

The alkalinity factor of between  $pH7$  and  $pH8$  was maintained by the use of alumina-ferric or alum treatment for coagulation, together with the balanced dosage of soda ash. Experience of the smaller type of diatomaceous earth filtration unit at six baths confirmed that, irrespective of the advantage of requiring less space than the traditional sand filters, such units greatly facilitated the maintenance of a high standard of filtration.

Thirty-three samples of swimming bath water were submitted to the Public Health Laboratory service for bacteriological examination in relation to the recommended standard of the Ministry of Health. Two samples proved to be unsatisfactory due to inadequate chlorine dosage, but following verbal cautions subsequent samples gave satisfactory results.

Bath-side tests were also carried out by the public health inspector to determine the alkalinity and chlorination dosage. At one privately owned bath there was a complete absence of chlorine in the water. This was rectified following verbal caution and a subsequent test indicated that a satisfactory chlorine dosage was being maintained.

## **Establishments for massage or special treatment**

Annual licences were issued in respect of 71 establishments for massage or special treatment under the provisions of Part IX of the Manchester Corporation Act, 1924, and the byelaws of 1925.

The treatment given at these establishments was: chiropody (45), massage (13), massage and chiropody (8), chiropody and manicure (3), electrical (1), and colonic irrigation (1).

When considering applications for the licensing of these establishments regard is had to the technical qualifications and experience of the person or persons giving treatment, and to the suitability of the premises.

Six applications were received for licences, massage (4), massage and chiropody (1) and chiropody (1). Two of the applications relating to massage were refused by reason of the Corporation not being satisfied that the treatment would be undertaken by persons with such technical qualifications as are reasonably necessary. An unsuccessful applicant appealed to the Magistrates' Court against the refusal but ultimately withdrew his appeal; an appeal is pending in respect of the other refusal.

Sixty-nine visits were made to ensure compliance with the requirements of the Corporation Act and byelaws.

## **Hairdressers and barbers**

In accordance with the requirements of section 42 of the Manchester Corporation Act, 1946, 689 hairdressers' and barbers' premises are registered with the Corporation and are required to satisfy the byelaws made under the Act, relating to the cleanliness of the premises, equipment and persons so engaged. No contraventions necessitating formal action were reported. The proprietors of 89 businesses, found not to have applied for the necessary registration, did so promptly on the request of the inspectors.

### **sale of certain poisons**

The number of persons listed with the department for the sale of poisons specified in Part II of the Poisons List under the Pharmacy and Poisons Act, 1933, fell from 675 to 624, including 67 newly registered applications.

The requirements to be satisfied are the form in which the particular poisons may be sold, pre-packaging, labelling, storage and in some instances restrictions on sales, together with the keeping of records of purchasers.

No infringement of the Act and Rules was reported.

### **burial grounds and exhumations**

On various occasions the neglected condition and often vandalism in disused burial grounds has caused concern because of nuisance or risk of injury, especially to children. Commonly, the only effective means of dealing with these circumstances is the acquisition of the lands by the Corporation, with the agreement of the owners, and the subsequent improvement by grassing-over and laying-out as an ornamental area, or by other appropriate landscaping. To enable such deficiencies to be remedied, power of acquisition was obtained by the Corporation in the Manchester Corporation Act, 1967.

Following the granting of Home Office licences and in accordance with the wishes of relatives, the remains of four persons were exhumed from two cemeteries and re-interred elsewhere, under the supervision of public health inspectors.

### **public conveniences**

Restrictions in expenditure slowed down the department's maintenance, renewal and new construction programmes. Progress was made, however, in the completion of schemes commenced before the restrictions were imposed.

The mens' convenience in Stevenson Square, originally opened in 1903, was completely renovated and similar work was commenced on the womens' convenience. Also, in the central area new accommodation for both sexes was completed in Alberton Street, near its junction with Bridge Street. Consequently, a nearby obsolescent urinal was demolished.

Road improvements and the development of a shopping centre, respectively, necessitated the demolition of the conveniences at Mount Road, Gorton, and Clopton Street, Hulme. New accommodation has provided a replacement for the Mount Road convenience and provision has been made for a replacement of the Clopton Street convenience in the Hulme shopping centre.

A prefabricated movable structure, modified in design to suit the department's requirements, was provided in the City Centre in Cannon Street as a temporary convenience for men, pending the provision of permanent accommodation within the comprehensive redevelopment of the Market Place area.

The department continued to experience difficulty in recruiting suitable male persons to work as attendants. This, together with the continued misuse of conveniences added appreciably to the department's costs and problems in maintaining the desired standard of service to the public.

Conveniences in the City Centre are equipped to provide “wash and brush-up” facilities and, to a limited extent, the storage of luggage. Free facilities for hand washing are available in all conveniences and are increasingly used. Particularly, however, where attendants are not available, the extent to which it was possible to maintain the continuity of the free service varied with the extent of damage at different conveniences.

Enquiries were received on the availability of arrangements, within the public conveniences, to enable severely disabled non-ambulant persons to use the accommodation. However, the conveniences within the City, especially the typical underground accommodation in the central area, are neither constructed nor staffed to provide such a service and it would appear that provision for this particular need could be more satisfactorily made in other premises often used by such handicapped persons, rather than in public conveniences.

The number of public conveniences and urinals is now as follows:—

		<i>Men</i>	<i>Women</i>	<i>Total</i>
Conveniences ..	..	65	60	125
Urinals only ..	..	43	—	43
				—
				168
				—

## **Sewerage and Sewage Disposal**

### **Sewerage**

*The City Engineer and Surveyor who is responsible for the provision and maintenance of the sewerage system of the City has supplied the following information:—*

“Generally the whole of the City is sewered, but in some areas the sewers are inadequate to deal with the increased flows which occur in time of storm and this results in discharge of polluted matter to the various rivers and streams.

One of the worst areas is part of Blackley which will be relieved by the new Rochdale Road Relief Sewer, the second and final stage of which is under construction. A scheme has also been prepared to relieve the Openshaw area by the construction of Main Drainage Work 6 and this is awaiting financial sanction.

Sewers in the Bradford and Miles Platting areas continue to be affected by mining subsidence. The City Engineer is in close touch with the National Coal Board and joint television inspections of sewers are being carried out.”

### **Sewage treatment and disposal**

*The General Manager of the Rivers Department which undertakes the treatment and disposal of sewage, including a large volume of trade effluent, from the City and certain adjacent districts, has supplied the following information:—*

“The whole of the first stage of extensions to the City’s Davyhulme Sewage Treatment Works has now been fully commissioned, but increased water consumption and, in particular, increased diversion of industrial effluent to the public sewer, have rendered it necessary to embark on a second stage of extensions. These will consist mainly of reconstruction and intensification of the original activated sludge units, completed in 1934, to enable them to treat over four times their original pollutorial loading.

Much of the increased loading will consist of industrial effluent from outside Manchester's normal drainage district, but treatment at the Davyhulme works represents the only reasonable solution to a serious river pollution problem.

As part of this further scheme of extensions, additional sludge thickening tanks are to be installed and a second sludge ship will be commissioned in June, 1968. At least one further ship is to be ordered in the near future to help deal with the greatly-increased quantities of sludge separated at Davyhulme. Facilities for sludge disposal have also been offered to three other local authorities along the Manchester Ship Canal, who also wish to dispose of their sludge in deep water in the Irish Sea."



**Public Analyst**

Food and drugs adulteration

Adulteration of milk

Measurement of atmospheric pollution



## Report of the Public Analyst

J. B. Aldred, M.A., F.R.I.C., Public Analyst

Mr. A. N. Leather who had been Public Analyst for nineteen years retired on the 14th of September. After spending most of his early career in industry he joined the staff of the Corporation as Additional Public Analyst for Manchester in 1929. He left the Manchester Laboratory in 1946 to take up the appointment of Public Analyst of Salford, which appointment he held until his return to Manchester as Public Analyst three years later. His career was distinguished by the publication of a number of papers in technical journals, and by service on the Councils of the Society for Analytical Chemistry and the Association of Public Analysts.

Many changes have taken place in the work of Public Analysts Laboratories during Mr. Leather's tenure of office. Public Analysts were originally appointed to combat crude adulteration, and this type of work was still of considerable importance during the war and in the period immediately following, when food was scarce. As a single example we may consider the addition of water to milk. In 1951, the first year for which figures are available, 39 samples of milk contained added water, whereas in 1967 only one sample was recorded and this contained only one per cent of extraneous water. On the other hand the last 19 years have seen a vast increase in the control required on trace constituents of food. Formerly, there was little control of the use of synthetic colours in food apart from five whose use was banned. Now there are twenty-five permitted synthetic colours, the use of all others being prohibited. Apart from the traditional salts used in curing meat there were formerly two preservatives permitted in food. The number is now ten and to this must be added six antioxidants used in the preservation of fats and certain other foods. Regulations have been introduced imposing limits on traces of lead and arsenic in food, and residues of mercury from horticultural sprays have to be measured. There is also the whole field of organic pesticides, which have been demanding Public Analysts' attention during the last four or five years. All these new tasks involve the use of microchemical techniques to detect and identify, on occasions, as little as one part of contaminant in one hundred million parts of food. For this work modern instrumental methods are needed to a greater and greater extent. The emphasis now is less on deliberate fraud, and more on scientific control of the complex modern methods of agriculture and food technology.

This report covers the second complete year in which the laboratory has been in temporary accommodation at Monsall Hospital. As Mr. Leather retired in September most of the work reported here was carried out under his direction. In his report for 1966, it was pointed out that there had been unavoidable delay in the building of the new laboratory, and it had therefore been decided to go ahead with the addition of such instruments as can be housed in the present limited accommodation. This will enable a start to be made on important new topics, and in the meantime the drawing up of plans for a laboratory in the Hulme area is reaching an advanced stage.

During the year new regulations have come into operation controlling the composition of butter and cheese, the addition of colouring matter to food and the use of artificial sweeteners. The Cheese Regulations, 1965, which came into operation in February of this year introduce a completely new system of nomenclature for cheese, and although the details are fairly complicated the principles on which they are based are straightforward, and the purchaser ought now to have little difficulty in distinguishing one type of cheese from another, by the label. In particular, the regulations should remove confusion that was at one time apparent between different types of soft cheese. Some of these were often referred to as cream cheese even though they were made from skimmed milk.

The new colouring matter regulations add one new synthetic colour to the permitted list and delete six. Specifications for purity of colours are laid down and various other requirements are listed. There are still, however, considerable differences in the lists of colours permitted in different countries, and until they are eliminated contraventions of the regulations are to be anticipated with some imported foods. The Artificial Sweeteners in Food Regulations permit the use of cyclamates as sweeteners in any food in addition to saccharin. Formerly the use of cyclamates had been restricted to soft drinks.

In the following pages comments are made on some of the more interesting samples examined during the year. Where, in respect of unsatisfactory samples, it has been possible to indicate subsequent action, the information has been provided by the Medical Officer of Health, and by the Sanitary Services Division of the Health Department.

**Food and drugs adulteration**  
**Food and Drugs Act, 1955**

*Summary of food and drugs samples showing adulteration or other irregularity*

Article	Number examined			Number adulterated or otherwise giving rise to irregularity			Percentage of samples unsatisfactory
	Formal	Informal	Total	Formal	Informal	Total	
Milk .. .. .	—	680	680	—	8	8	1
Cake and pudding mixtures .. ..	—	53	53	—	2	2	4
Cheese .. .. .	—	17	17	—	1	1	6
Cheese spread .. .. .	—	25	25	—	2	2	8
Canned:—							
Fruit and fruit juices .. ..	—	188	188	—	1	1	1
Meat and meat products .. ..	—	164	164	—	1	1	1
Milk, unsweetened condensed ..	—	28	28	—	1	1	4
Pie filling .. .. .	—	13	13	—	1	1	8
Tomato paste .. .. .	—	12	12	—	2	2	17
Vegetables .. .. .	—	113	113	—	1	1	1
Dessert powders .. .. .	—	18	18	—	4	4	22
Dried fruits:—							
Vine fruits .. .. .	—	23	23	—	1	1	4
Others .. .. .	—	17	17	—	1	1	6
Dried vegetables .. .. .	—	21	21	—	1	1	5
Fish paste .. .. .	—	13	13	—	2	2	15
Flour confectionery .. .. .	—	5	5	—	1	1	20
Jelly, table .. .. .	—	30	30	—	5	5	17
Pickles and chutney .. .. .	—	60	60	—	2	2	3
Pulses .. .. .	—	5	5	—	1	1	20
Rice .. .. .	—	3	3	—	1	1	33
Tea .. .. .	—	20	20	—	1	1	5
Aspirin tablets .. .. .	—	3	3	—	1	1	33
Vitamin preparations .. .. .	—	7	7	—	1	1	14

Article	Number examined			Number adulterated or otherwise giving rise to irregularity			Percentage of samples unsatisfactory
	Formal	Informal	Total	Formal	Informal	Total	
Total drugs .. .. .	—	66	66	—	2	2	3
Total foods .. .. .	—	2,640	2,640	—	40	40	1·5
Total foods and drugs .. .. .	—	2,706	2,706	—	42	42	1·6

Composition of milk

Milk other than Channel Islands milk

The average values for the percentage of fat and non-fatty solids for the four quarters and for the whole year are set out in tabular form.

Quarterly average table

Quarter	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.
First ..	155	8.74	3.58	12.32	154	8.74	3.58	12.32	1	7.82	3.45	11.27
Second ..	183	8.83	3.54	12.37	176	8.84	3.58	12.42	7	8.40	2.72	11.12
Third ..	144	8.82	3.66	12.48	144	8.82	3.66	12.48	—	—	—	—
Fourth ..	156	8.88	3.87	12.75	156	8.88	3.87	12.75	—	—	—	—

Annual average table

Year	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.
1967 ..	638	8.82	3.66	12.48	630	8.82	3.67	12.49	8	8.11	3.09	11.20

Channel Islands milk

Annual average table

Year	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.
1967 ..	41	9.00	4.42	13.42	41	9.00	4.42	13.42	—	—	—	—

Adulteration of milk

Out of a total of 680 samples of milk including raw milk, pasteurized milk, sterilized milk, Channel Islands milk and skimmed milk, eight were reported as either containing added water or being deficient in fat.

These eight samples all represented untreated farm milk, sampled in course of delivery to the dairy. In one instance a small amount of added water was detected but further samples from the same farm were free from added water. The other seven samples were deficient in fat and were taken from different churns forming part of the deliveries from two farms. In each case when all the churns in a particular delivery were taken into account the fat content of the whole delivery was found to be above the presumptive standard fixed by the Sale of Milk Regulations, namely 3.0 per cent fat. There were no fat deficiencies in samples representing milk on retail sale or during distribution.

These results show that the low level of adulteration recorded in recent years is being maintained. The percentage of all milk samples which have been recorded as either containing added water or being deficient in fat over the last ten years is as follows:—

Year	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Percentage	5.5	6.5	5.3	6.3	4.5	2.3	1.4	4.6	0.3	1.2

## Antibiotics in milk

A circular published by the Ministry of Agriculture, Fisheries and Food has expressed concern at the fact that traces of antibiotics are sometimes found in milk. Penicillin and other antibiotics are used in the treatment of mastitis in cows and after treatment it is normal to withhold from sale the milk from any infected cows for a sufficient time for it to become completely free from antibiotics. There is always of course a temptation to cut this time to a minimum and this can then result in the sale of contaminated milk. The quantities involved are quite small, and it has been recommended that Food and Drugs Authorities should adopt a limit of 0.05 international units of penicillin per millilitre of milk as the level at which the milk should be regarded as unsatisfactory. Although this represents only one therapeutic dose (for humans) in about one thousand to four thousand gallons of milk there is the fear that, apart from the general undesirability of selling milk contaminated with drugs, any consumer who had a sensitivity to penicillin may show allergic reactions on consuming such milk.

The test used in the laboratory is a microbiological one and has been designed for the detection of penicillin. It will however, detect certain other antibiotics at various levels of contamination. During the year, eighty-six samples of untreated farm milk were tested but in no instance was the presence of antibiotics detected.

## Samples other than milk

### Some notes on cases of adulteration or irregularity

*Cake mixture.* This sample consisted of a packet containing the dry ingredients for making an iced sponge cake. The ingredients for the sponge and the icing were in separate envelopes in the packet. Each portion was coloured with two artificial colours one of which in each case being Naphthol Yellow S. This colour was included as a permitted colour in the original Colouring Matter in Food Regulations which were made in 1957, but it had been removed from the permitted list by the new regulations which were made in September, 1966. It was established that this sample was in fact old stock, but in view of the fact that it was purchased in November it had probably been in the distribution chain for some considerable time.

*Canned fruit.* A can of black cherries was found to contain the artificial colours Amaranth and Brilliant Blue FCF. The latter colour is not permitted in food in this country and the cherries were withdrawn from sale. This incident illustrates the complications that can occur in the international food trade. Virtually all countries have laws restricting the addition of what are popularly referred to as "chemicals" to food and included in these are the synthetic colours. Some colours are known to be harmful whilst others, although not known to be harmful, are nevertheless not known to be safe. In general the law tries to err on the safe side and prohibits the use of even the doubtful substances. Unfortunately, the experts in different countries differ in their opinions as to which colours are safe and which are doubtful. The result is that there is probably not one artificial colour that is permitted in all countries. Brilliant

Blue FCF found in this sample is, for example, permitted in the United States but has been rejected by two sets of regulations in this country. These cherries were packed in Canada, but coloured with a dye manufactured in England, and it would appear that there had been confusion between the packers and the colour manufacturers as to where the cherries were to be sold. A considerable number of cans were involved in this incident, the outcome of which was that the packer was left with the problem of finding a country which permitted both of the colours used, and then to find a buyer. One hopes that some day all countries will be able to agree on a list of colours which are believed to be harmless.

*Canned luncheon meat.* The Canned Meat Product Regulations, 1967, were made during the year, but do not come into operation until May 1969. In the meantime the trade have a period of two years in which to alter their recipes and clear old stocks. In the particular instance of luncheon meat the manufacturers have for a number of years accepted the same standard as laid down in the regulations, namely 80 per cent of meat with a cereal filler. A sample was received which contained only 73 per cent of meat. The remainder of the stock was withdrawn from sale.

*Canned tomato paste.* Two cans of tomato paste from different sources were found to contain excessive amounts of mould. Clearly when very large quantities of tomatoes or any other fruit or vegetable are canned it is not possible to prevent an occasional fragment of mould from gaining access to the finished product. At the other extreme it is possible to visualise the canning of tomatoes that initially are so mouldy that no consumer would consider eating them. If these are made into paste, canned and sterilized, the mould is killed and it is not immediately apparent that the product is unsatisfactory, microscopical examination being necessary to find the mould fragments. It is held that the consumer has a right to expect not more than a certain level of mould contamination, and a limit to the mould content of tomato paste on importation has been unofficially agreed. The greater part of the work done by this laboratory in this field is on behalf of the Manchester Port Health Authority. These samples were however, found on retail sale and were clearly from a consignment that had got past the authorities at one of the ports.

*Cheese and cheese spread.* The introduction to this report refers to the coming into operation during the year of the Cheese Regulations. This has therefore been the first year that any really effective action could be taken to control the composition of the wide variety of cheeses available to the public. A sample was received which was described as "Full fat soft ripened cheese" which on analysis was found to justify only the description of "Medium fat soft ripened cheese". Following an adverse report on the sample it is understood that this cheese, which was of foreign origin, is no longer being imported. Visitors to the continent will have noticed that it has for some time been common practice over there to declare the fat content of cheese on the label. One would therefore not anticipate any difficulty for the continental manufacturers in complying with our regulations. This is therefore probably an isolated incident, and it would seem highly unlikely that the regulations will materially alter the choice of cheeses available.

Two samples described as "Welsh Rarebit" were nothing more than chesee spread and should have been described as such. The manufacturers agreed to amend the label.

*Fruit pie—blackcurrant.* A blackcurrant pie which had been packed in a labelled cardboard carton, was found to contain a substantial amount of apple in addition to blackcurrants in the filling. A more appropriate description would have been "blackcurrant and apple pie". The manufacturers stated that they had used the wrong carton for this particular batch of pies.

*Lentils.* A half pound packet of lentils was found to contain 31 small stones together with a number of particles of hardened soil. If a product of this nature gets contaminated with stones of similar size to the lentils themselves, their removal can present the packers with a difficult problem. In this instance the degree of contamination was considered excessive and liable to damage the teeth of anyone eating the lentils. The packers were cautioned.

*Salmon spread.* A sample in a waxed cardboard carton was found to contain only 63 per cent. of salmon against the minimum of 70 per cent laid down in the Food Standards (Fish Paste) Order. This was a product made by a small manufacturer and to cover the possibility that the deficiency was due to uneven mixing of the product, a second sample was examined and found to contain 62 per cent of salmon. Further investigation revealed a mistake in the recipe used for the spread. A recommendation was made to the manufacturer to use a modified recipe and a subsequent sample was found to be satisfactory.

*Miscellaneous Labelling Offences.* These days a large proportion of foods are packed in cardboard cartons, metal cans, bottles, foil envelopes etc. and the only indication the purchaser has of the contents of the pack is the wording and also frequently the picture on the label. It is therefore important that there is an accurate statement on the label of the contents of the container, and that such a statement should not be misleading. The label also, of course, frequently serves the purpose of attracting the purchaser to the product in the first place, and in their enthusiasm to produce an attractive label the designers sometimes omit important information or over emphasise the presence of an ingredient which is present in only a trivial amount.

The Labelling Food Order, 1953, lays down requirements as to labelling and the labels on samples received are examined for conformity with the Order, in the light of the results of analysis. Although there are many exceptions to the general provisions of the Order, for most foods it is laid down that the label shall bear firstly, the name and address of the packer or his registered trade mark, this enables the person responsible to be traced in the event of a complaint. Secondly, the packet shall bear a complete list of ingredients and "the ingredients shall be specified in the order of the proportion in which they were used, the ingredients used in the greatest proportion (by weight) being specified first". Thirdly, any other matter on the label shall not mislead the purchaser as to the contents of the container. This provision also applies to illustrations on the label. During the year a number of samples were received which were either held to have misleading labels, or which failed to give the information required by the Order. In all cases the manufacturers agreed to amend their labels when the nature of the irregularity was pointed out.

Two samples, one of tea and one of rice, failed to give either the name and address of the packer or a correctly recorded registered trade mark.

A sample described as "Lemon Meringue Flan" consisted of a cardboard carton containing a pastry flan case which had already been cooked, together with some of the ingredients of the filling but none of the ingredients of the meringue. There was also an illustration of the finished product on the carton. The sale of cake and pudding mixtures which require the addition of further ingredients is now familiar to most people and the question that has to be answered is, how many extra ingredients would the purchaser have to add before it was considered that the name on the packet no longer represented the contents. In this instance it was considered that the packers had well overstepped the mark.

The wording in large block letters and enclosed with a rectangular line which is a familiar sight on all cans of condensed milk is another statutory labelling requirement. This gives the purchaser a very clear indication of the contents of the can, and is almost invariably closely followed by the packers. One instance was recorded during the year of a label which did not comply with the regulations.

A product intended for the making of soup consisted substantially of barley, peas, lentils and split peas. The largest writing on the packet described the contents as "Quality Cereals". It was felt that to describe a product as cereals when the greater part of it consisted of pulses was confusing and certainly not likely to help the shopper, although in this instance there was no suggestion of deliberate intention to deceive.

The largest number of irregularities concerned the declaration of the presence of hydrolysed starch, also known as corn syrup or liquid glucose. This material is used, often as a high proportion of the total ingredients, to alter the texture of an article, for example in thickening syrups, to prevent sugar from crystallising out, for example in stopping boiled sweets from going cloudy, and also as a sweetening agent. Four instances involving labelling irregularity were recorded in dessert powders. The packets all contained plastic sachets of a caramelised syrup, the principal ingredients of which in each case was hydrolysed starch. In two of the samples the hydrolysed starch was recorded as only a minor ingredient and in the other two its presence was not declared at all.

A sample of canned lemon pie filling declared the ingredients to be "Sugar, lemon juice, lemon oil, starch, shortening, egg yolks, salt and artificial colouring". Again hydrolysed starch was found to be present although not declared. In addition undue prominence had been given to the presence of lemon oil. According to the list of ingredients it was present in greater amount than any of the items following it. If this had been the case the flavour of the filling would have been so strong as to render it quite unpalatable. Three table jellies declared the presence of liquid glucose although none was present.

Two samples of pickles were incorrectly labelled, both involved recording the ingredients in the wrong order. In one instance these were stated to be "Vegetables, spices, edible oil and permitted colouring." This list gave a quite erroneous idea of the nature of the pickle which was in fact very oily, although the position of oil on the list would not suggest this at all. The names of the vegetables used should also have been stated.

A sample of mixed fruit declared the presence of "Sultanas, currants, raisins, mixed peel." There was a considerably greater quantity of raisins than currants and the order of declaration of these two ingredients should have been reversed. It was thought that this error may have been due to uneven distribution during packing, but further samples all contained very nearly the same proportions of ingredients.

The addition of artificial colour to food is widespread both to restore some of the natural colour lost in processing and to make the food generally more attractive. There are, however, still many people who regard the colouring of food with suspicion and these people in particular, as well as many others, would feel that the omission of added colour from the list of ingredients was an attempt to deceive the purchaser. Two failures to declare colour were recorded during the year. One of these concerned a can of mixed vegetables where the French beans contained added colour. The other was a sample of candied peel containing lemon, orange and citron peels. The citron peel contained a green dye which was not declared on the label. It should be noted that many foods are exempt from the requirement to give a list of ingredients and in these cases colour can of course be legitimately added without declaration.

Drugs

*Aspirin Tablets B.P.* There are two stages in the making of any tablet, firstly, the mixing of the ingredients of the tablet and secondly, the pressing of the tablets themselves. In order to ensure that the correct amount of each ingredient is included in each tablet, it is necessary to ensure that the ingredients are present in the original mix in the correct proportions and also that each tablet is the correct size. In the analysis of a sample of tablets the average composition of a number of tablets, normally twenty, is determined and also the uniformity of weight of the individual tablets, standards being laid down for both average composition and uniformity of weight. Tests for purity of ingredients may also be required. A sample of Aspirin Tablets B.P. failed to conform to the standards for uniformity of weight.

*Vitamin Preparation.* A vitamin preparation was deficient in vitamin C to the extent of 90 per cent of the declared amount. The manufacturers were cautioned.

Claims that manufactured products contained butter or cream.

A note has been made of all samples where a specific claim of the presence of butter or cream has been made on the label, and the analysis has been directed towards testing the validity of such claims. A summary of the analytical results obtained is tabulated below.

Description	Percentage butter fat in total fat	Percentage butter fat in original sample
Lemon cheese "all butter" .. .. .	100	12
Lemon cheese .. .. .	100	6.4
Lemon cheese .. .. .	65	3.6
Lemon cheese "all butter" .. .. .	100	11
Lemon cheese .. .. .	100	6.4
Lemon cheese .. .. .	100	14
Lemon cheese "all butter" .. .. .	83	8.7
Lemon cheese .. .. .	93	6.7
Lemon cheese .. .. .	86	11
Lemon cheese .. .. .	100	5.7
Honeyed Lemon cheese .. .. .	100	6.0
Eccles cakes "containing pure butter" .. .. .	53	20
Eccles puffs "filling of currants baked with sugar and butter" ..	100	5.7
Eccles cakes "containing pure butter" .. .. .	53	22
Dairy cream sponge "with real cream" .. .. .	100	33
Jersey slice "filling contains butter and non-milk fat" .. ..	57	24
Butter cake "over half the fat content is pure butter" .. ..	56	8.7
Butter Osborne biscuit "over half the fat is butter" .. .. .	57	9.1
Biscuits "real butter biscuit" .. .. .	61	14
Biscuits "over half the shortening is butter" .. .. .	52	7.8
Biscuits "over half the fat is butter" .. .. .	57	8.4
Brandy snaps "made with best butter" .. .. .	100	7.2
Beef spread "with butter" .. .. .	67	6.7
Chicken spread "with butter" .. .. .	43	5.3
Salmon spread "with butter" .. .. .	63	5.6
Creamed mushrooms .. .. .	100	3.6
Brandy flavoured butter .. .. .	100	23

Samples examined for the Health Department

*A fatal case of lead poisoning.* Samples were examined in connection with the death due to lead poisoning of a child aged three and a half with a view to establishing the source of the lead. Three samples of paint scrapings, from the child's cot, the living room window ledge, and the living room door, all contained negligible amounts of lead. Metal objects submitted, including a toy

pistol, were made of zinc and aluminium. Lead was found at the level of 14–15 per cent in paint scrapings from the window ledge in the bedroom at the child's home, and also in similar scrapings from the living room of the house where the child had been living a few months earlier.

*Suspected case of food poisoning.* A can of butter beans was alleged to have been the cause of sickness, but the contents were of normal composition and no chemical evidence could be found to substantiate the allegation.

*Examinations for soundness.* It not infrequently happens that a sample has to be examined to ascertain the cause of some unpleasant taste or smell in an article of food. Sometimes it is not possible to solve the problems, because the taste or smell which is the cause of the complaint cannot be detected in the laboratory. A sample of self-raising flour was alleged to have been the cause of a musty flavour in some dumplings. Dough was made in the laboratory with the suspect flour and also with some ordinary flour, but no difference between the two samples of dough could be detected.

A tin of meat and peas was submitted with a complaint of a peculiar taste, together with another unopened tin of the same product. The unopened tin was satisfactory but the other one had the characteristic flavour of a "flat sour". This is a bacterial taint which sometimes affects canned peas and is caused by spore bearing bacteria which may survive the sterilizing process.

A number of samples were examined with the object of ascertaining whether damage to food was caused by rodent attack, and others for confirmation or otherwise that dark particles were mouse droppings. A half pound packet of butter had a hole in the wrapper made by a mouse which had also eaten a quantity of butter. That this was caused by a mouse was confirmed by the finding of characteristic mouse hairs on the butter. A tell-tale tuft of rodent hairs was also found inside a hole in a brown loaf. In another instance the inner wrapper of a packet of baby rusks had apparently been eaten away at the corner, and three of the rusks were damaged in a manner very similar to rodent attack. However, no mouse hairs could be found on the rusks. The possibility of rodent attack seemed very remote in this case, because there was no sign of damage to the outer carton, and another explanation was sought. The inner wrapper was stained around the edge of the hole and it was found that the stain contained a considerable quantity of iron compounds. The presence of iron suggested that the damage had been caused by some part of the packaging machinery.

Four pellets on a steak and kidney pie were confirmed to be mouse droppings, but a complaint of mouse dirt in a loaf of bread was shown to be due to particles of dough which had become stained by contact with oily machinery.

Samples are periodically received for confirmation of the presence of mould, but again appearances can sometimes be deceptive. A bottle of orange drink was obviously mouldy and microscopical examination confirmed the presence of *penicillium* mould. On the other hand a patch on the surface of the contents of a can of braised steak which was believed to be mould, was found to consist of a thin film of fat containing some overcooked meat fibres.

*Foreign matter in food.* In addition to those mentioned above under rodent contamination, four complaints were received concerning foreign matter in bread. Three of these were due to the presence of dark material caused by contact of the dough with machinery. The other concerned a brown loaf which had adhering to the surface some fragments of paper and a small square of white plastic material.

Foreign matter in milk was the subject of three complaints. In one instance some spots on the inside of a bottle were due to the presence of green algae. In another sheets of a more or less transparent film were seen coming away from the side of a bottle. This had the characteristics of a dried mouldy milk residue which had been loosened by soaking in the milk. An interesting case was of a violet dye which was dissolving in the milk from a residue on the side of the bottle. This dye was found to be soluble in acid and started to dissolve in the milk as it went sour. Being insoluble in alkali it had not been removed by the alkaline detergent used in the bottle washing plant at the dairy. Whilst all these instances represent failure of the washing process at the dairy, it ought to be pointed out that they were all either due initially to misuse of milk bottles or failure to rinse them out properly after use. No bottle washing process can be expected to remove all forms of foreign material from whatever source.

The presence of insects in food is always looked upon with distaste. Examination in the laboratory is carried out with a view to identifying the insects and to determine the number present. This will enable an opinion to be given as to whether the food or the manufacturers premises are infested or whether it is simply a case of a stray insect falling into a batch of food during processing. It is also frequently possible to determine whether the insect has been cooked with the food or whether it got in afterwards. A meat pie was found to have had the larva of a larder beetle cooked in it. A packet of semolina contained the remains of a false clothes moth, an insect known to infest cereal products. A barm cake contained a number of fragments of what was probably a beetle between a quarter and a half of an inch long. Three jars of peanut spread revealed the presence of a small winged insect, but the presence of numerous grubs could not be confirmed. An "insect" in a meat and potato pie was found to be a bunch of hairs, probably from a brush. Another object which was thought to be an insect was found in a can of luncheon meat. Microscopical examination showed that this was simply a portion of the meat which was darker than the remainder of the contents of the can, probably due to overheating.

Two other complaints concerned the presence of hairs or bristles in food. A hair in a can of baby food was found to be a human hair about three and a half inches long, but it was not possible to say at what stage it had got into the can. A bristle was found adhering to the crust of a meat pie. This was a stiff bristle made of vegetable fibre such as is commonly used for a variety of domestic and industrial brushes. No further contamination was found inside the pie.

Two complaints were investigated which involved pieces of broken glass in food. One of these concerned a can of salmon which contained a number of glassy particles. Complaints are not infrequent of alleged broken glass in canned salmon which, when examined in the laboratory is found to consist of crystals of struvite (magnesium ammonium phosphate). These crystals are formed from substances naturally in the fish and gradually form during storage. Struvite crystals were found in this sample but a splinter of broken glass was present as well. The complaint was therefore justified although the amount of glass present was not as great as at first appeared.

Four pieces of steel were the cause of two complaints of foreign matter in sausages. These were all fairly small, the largest weighing about a third of a gramme, and were apparently derived from parts of a badly worn sausage making machine. Fragments of metal were also found in a can of baby food. These took the form of three pieces of very fine wire about one and a half inches in total length. It was probable that these were fine shavings which had been cut from the lid of the can by the tin opener. Iron was also the cause of dark stains on some chocolate "money", no doubt due to contact with some part of the machinery.

Dark streaks were seen on the surface of a mixture of fresh milk and re-constituted dried milk which was to be used in a school canteen. The dried milk used was a spray-dried powder which can be seen microscopically to consist of innumerable extremely small spheres. Portions of this had been overheated in the drying process, and a number of the spheres were a dark brown colour. These overheated particles will no longer dissolve in water and float up to the surface giving the milk a most unpleasant appearance.

Overheating was also the cause of dark particles in canned soup. Black particles on the crust of a meat pie were composed of charred starch. The probable explanation of this was the presence in the baking tin of fragments of pastry from a previous baking, which were in consequence baked a second time.

A number of complaints were due to the presence of material natural to the food or which is commonly associated with it and difficult to eliminate completely. What appeared to be a dark piece of foreign matter in some fried fish was in fact part of the fish which had become discoloured with blood. A can of peas contained a few round pea-sized particles. These were formed from fragments of pea plant which had become rolled into balls. Those particles which were of about the same size as peas had not been removed by the normal sorting process. A can of pilchards contained a soft dark green mass adhering to one of the fish. The pilchards had had their heads and tails removed and had been gutted before canning. Microscopic examination of the green mass showed it to consist of a variety of small organisms including algae, diatoms and crustaceans. These findings were consistent with the view that the material had formed part of the contents of the alimentary tract of the fish, which had been spilt during the gutting operation. Foreign matter in a can of broad beans consisted of a small quantity of soil. Some brown fibrous matter in canned creamed mushrooms was found to be vegetable tissue resembling the thin stalk of a plant. It may have been derived from the compost in which the mushrooms were grown.

*Toys taken under the Toys (Safety) Regulations, 1967.* These regulations which came into force on the 1st November, prohibit the use of celluloid (cellulose nitrate) in all toys except table tennis balls, and also limit the amount of six poisonous metals (lead, arsenic, antimony, barium, cadmium and chromium) in paint used on toys. The purpose of these regulations is to eliminate any fire hazard due to the celluloid, which is highly inflammable, and to prevent children from being poisoned through chewing the paint off toys. Eight samples of dolls and other toys were examined immediately before the Regulations came into operation for the presence of celluloid. In general, each toy contained parts made from several different plastics and in all thirty one plastics were tested for cellulose nitrate. Two dolls were found to have celluloid faces.

*Examination of Teddy Bears.* There have been reports of teddy bears and other soft toys which have been stuffed with a urea-formaldehyde resin powder being imported into this country. This powder gets broken down to a fine dust which could be harmful if inhaled. The finding of these toys in other parts of the country was made a feature in a B.B.C. programme, and members of the public having teddy bears resembling a type which had been found to be unsatisfactory were recommended to take them to their local health department. Following this broadcast a member of the public brought in two bears which on examination were found to be satisfactory.

### **Samples from other sources**

*Manchester Port Health Authority.* Fifty-four samples of imported food were examined. These may be classified as follows:—36 for metallic contamination, 15 for preservatives or antioxidants, 7 for prohibited colour, 30 for mould count and 1 for contamination due to spillage of a chemical. Many samples appear in more than one category.

On two occasions exception to a high mould count was taken on imported tomato purée, which was intended for manufacturing purposes. Following a report on the first consignment, a joint meeting of the technical staff of the importers and the laboratory took place in an attempt to ascertain the reasons for a discrepancy in the results from each laboratory. Careful consideration showed no reason to suspect the findings of this laboratory. In the second instance, the importers were requested not to use the material. In the latter case the findings were almost twice the recommended limit.

A consignment of onions became contaminated with the fungicide 2,6, dichloro-4-nitroaniline when a container of the latter burst during unloading a ship. The sample submitted was contaminated to the extent of 550 parts per million. The United States Federal Regulations, stipulate a maximum of 5 parts per million on certain crops. It was considered extremely doubtful that the contaminated onions could be saved by any cleaning process.

Twelve samples of drinking water were obtained from ships in the port. Nothing unacceptable was indicated by chemical analysis.

*Fertilizers and Feeding Stuffs Act, 1926.* The Parks Department is responsible for the administration of the Act within the City, the analytical work being carried out in this laboratory. During the year four samples of fertiliser, and one of animal feeding stuff were submitted for analysis. One of these samples was taken on the packers premises following an adverse report from another authority.

## Drinking water samples

The water samples examined may be classified as follows:—

Samples taken to investigate complaints. . . . .	5
Routine examination and checks on previous complaints	28
Examination of ships drinking water . . . . .	12
	<hr/>
Total number of samples . . . . .	45
	<hr/>

The laboratory maintains a check on the chemical quality of drinking water and corresponding samples are normally submitted to the Public Health Laboratory for bacteriological examination.

Whilst the number of routine samples submitted has remained constant compared with previous years, the number of samples submitted as a result of specific complaints has fallen considerably. This can only be interpreted as an indication that the quality of the water, particularly as regards colour, taste and clarity, has improved over the years.

Thus, of the five complaints received only two referred to the physical appearance of the water, and in one instance, limited support for the complaint was present in the sample submitted, insomuch that a small deposit formed almost immediately. Of the remaining complaints two referred to peculiar tastes, and one suggested that the water was the cause of illness, in no instance was any support for these complaints found.

The Port Health Authority submitted twelve samples of drinking water drawn from ships in the port. These are dealt with under *Samples from other sources*.

# Measurement of atmospheric pollution

The national survey of air pollution is based upon the results obtained by the standard daily volumetric apparatus for the determination of smoke and sulphur dioxide. This work has been continued at seven selected points, and the tabulated results are given.

Measurements of deposited matter have also been made by the analysis of samples collected in three standard atmospheric deposit gauges. The gauges are sited in selected areas having high, medium and low air pollution. A table shows the average monthly deposit.

Standard deposit gauge  
Grammes of deposit per 100 square metres  
Monthly averages together with the averages for the previous five years

Station	Rainfall (millimetres)		Insoluble matter		Soluble matter		Total solids	
	1967	Five yearly average	1967	Five yearly average	1967	Five yearly average	1967	Five yearly average
Philips Park	85	80	570	822	389	393	959	1,215
Rusholme	82	74	439	413	300	305	739	718
Styal* ..	71	66	123	125	191	194	313	318

\* The Styal station is in a semi-rural area close to the City.

Volumetric apparatus for smoke and sulphur dioxide  
Daily averages—microgrammes per cubic metre

Station No.	11 Central			13 Withington			15 Clayton			16 Springfield Crumpsall			17 Wythenshawe Centre			18 Rusholme (Chest Clinic)			19 Monsal II			
	Smoke		SO <sub>2</sub>	Smoke		SO <sub>2</sub>	Smoke		SO <sub>2</sub>	Smoke		SO <sub>2</sub>	Smoke		SO <sub>2</sub>	Smoke		SO <sub>2</sub>	Smoke		SO <sub>2</sub>	Ratio
		Ratio			Ratio		Ratio		Ratio		Ratio		Ratio		Ratio		Ratio		Ratio		Ratio	
1967																						
January	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.83
February	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.64
March	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.49
April	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.63
May	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.59
June	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.42
July	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.39
August	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.53
September	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.69
October	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.56
November	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1.14
December	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.96
Daily average for year	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.75

The results were calculated from tables supplied by Warren Spring Laboratory; sulphur dioxide from tables dated 1961 and still currently in use, smoke from revised tables dated 1965.

## **Veterinary Services**

Food and Drugs Act, 1955

Meat Inspection Regulations, 1963

Meat Inspection (Amendment) Regulations, 1966

Slaughterhouses Act, 1958

Slaughterhouses (Hygiene) Regulations, 1958

Slaughterhouses (Hygiene) (Amendment) Regulations, 1966

The Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations, 1966

School canteens

Bacteriological examination of shellfish

Exportation of meat

Slaughter of Animals Act, 1958

Licences to slaughter

Slaughter of Poultry Act, 1967

Poultry inspection

Merchandise Marks Act, 1926

Pet Animals Act, 1951

Animals Boarding Establishments Act, 1963

Riding Establishments Act, 1964

Diseases of Animals Act, 1950

Notifiable diseases of animals



## **Veterinary Services**

F. P. Lawton, M.R.C.V.S., D.V.S.M., F.R.S.H., Chief Veterinary Officer

For the fourth consecutive year there has been no case of notifiable disease in either animals or poultry within the City. In view of the former prevalence of tuberculosis, the frequent outbreaks of fowl pest and swinefever and the rare visits of anthrax this must be considered to be a very satisfactory achievement.

At national level, however, the epizootic of foot and mouth disease and the increased incidence of anthrax should preclude complacency.

There remain two major diseases of food animals which are readily communicable to man, namely brucellosis and salmonellosis and it is a source of satisfaction that an eradication scheme for the former has now commenced.

Salmonellosis in animals would be much more readily controlled were it to be made a notifiable disease and it is to be hoped that consideration will be given to this measure at an early date.

While salmonellosis in animals is thought only occasionally to result from food contaminated at source, anthrax is considered to be most commonly caused by the consumption of imported fodder containing spores of the anthrax bacillus; greater attention therefore to animal feeding stuffs would appear to be a prerequisite to the elimination of these diseases.

The Manchester abattoir which commenced operating in 1966 was in process of achieving its anticipated throughput prior to the onset of the outbreak of foot and mouth disease, which curtailed the area from which supplies could be drawn to such an extent as to prove a major set-back at the time of year when output should have approached maximum capacity.

As in previous years the assistance and advice of the staff of the public health laboratory have been readily volunteered when required and the numerous occasions on which the public analyst has been consulted have elicited a prompt and courteous response.

### **Food and Drugs Act, 1955**

### **Meat Inspection Regulations, 1963**

### **Meat Inspection (Amendment) Regulations, 1966**

Manchester abattoir had, at the year end, been in operation for 18 months and towards the close of this period was beginning to fulfil the aspirations held for it as the largest and most modern meat plant in Europe.

The outbreak of foot and mouth disease at this time began to have a retrogressive effect on throughput, by severely restricting the area from which supplies could be drawn. It is necessary, however, to view this objectively as a temporary check, forming part of a national emergency and to anticipate a resumption of progress at an early date.

The entire throughput of carcasses, both at the abattoir and the one private slaughterhouse within the City, was inspected and stamped in accordance with the above Regulations.

### **Slaughterhouses Act, 1958**

### **Slaughterhouses (Hygiene) Regulations, 1958**

### **Slaughterhouses (Hygiene) (Amendment) Regulations, 1966**

### **Food Hygiene (General) Regulations, 1960**

Several infringements of the above Regulations were observed by inspectors, verbal warnings being given in each instance, in addition to which six written letters of caution were issued.

### **The Food Hygiene (Markets Stalls & Delivery Vehicles) Regulations, 1966.**

The above Regulations came into operation on 1st January, 1967, and revoked certain sections of the Food Hygiene (General) Regulations, 1960, which specified the minimal hygienic requirements of market stalls and delivery vehicles; these are re-enacted in a more definitive manner.

### **School canteens**

Seven hundred and ninety visits were made to school canteens and 75 visits to central kitchens.

A further 84 visits were made following requests from canteen supervisors for advice regarding the wholesomeness or quality of particular consignments of food.

### **Bacteriological examination of shellfish**

Once again all samples of shellfish observed while exposed for sale had been treated in official purification tanks.

Twenty-two samples were taken and none was rejected.

### **Exportation of meat**

During the year the Manchester abattoir received the approval of all the member countries of the European Economic Community as a slaughterhouse for the exportation of meat and was subsequently authorized by the Ministry of Agriculture, Fisheries and Food, for this purpose.

The abattoir was also visited by veterinary representatives of the Governments of the United States of America and Canada, by whom approval was expressed and it is very probable that, but for the subsequent outbreak of foot and mouth disease, authorization for exportation to these countries would have ensued.

Seven certificates were issued in respect of meat or meat products, exported from Great Britain. Importing countries stipulate that such certificates shall accompany the meat and shall affirm freedom from disease on ante-mortem and post-mortem veterinary examination.

### **The Slaughter of Animals Act, 1958**

One of the provisions of this Act prohibits the slaughter of food animals by any person not being the holder of a licence or provisional licence to slaughter.

Thirty-eight licences and 15 provisional licences were issued.

**Slaughter of Poultry Act, 1967**

This Act, which is scheduled to come into operation on a day yet to be announced, requires the stunning of poultry prior to slaughter, unless the latter takes place instantaneously by dislocation of the neck or decapitation.

**Poultry inspection**

Number of poultry processing premises	.. ..	13
Number of visits to these premises	.... ..	100
Total number of birds processed during the year	..	369,950
Types of birds processed:—		
Turkeys	.. .. .	2,975
Ducks	.. .. .	3,560
Hens	.. .. .	304,110
Broilers	.. .. .	58,420
Capons	.. .. .	885
Percentage of birds rejected as unfit for human consumption	.. .. .	0.9
Weight of poultry condemned as unfit for human consumption	.. .. .	13,200 lbs

**Merchandise Marks Act, 1926**

Statutory Orders with reference to bacon, ham, dead poultry, certain classes of chilled, frozen, boneless and salted meats, edible offal, salmon and sea trout require that these commodities shall bear an indication of origin, and shall be readily identifiable when exposed for sale.

A number of minor infringements were observed by inspectors and verbal warnings given.

**Pet Animals Act, 1951**

This Act prohibits the keeping of a pet shop without a licence issued by the appropriate local authority. Provisions are incorporated, to prevent overcrowding, sale at too early an age and undue exposure to disease, while a supply of adequate food, water, warmth and ventilation is obligatory.

Forty licences were issued after visits of inspection by the veterinary staff and one hundred and ten routine visits were made.

**Animal Boarding Establishments Act, 1963**

Under this Act, all boarding establishments for dogs and cats must be licensed by the local authority. General provisions are similar to those of the Pet Animals Act, 1951, with an additional requirement necessitating the keeping of a register, containing a description of all animals received, the date of their arrival and departure and the name and address of the owner.

Ten licences were issued following veterinary inspection and 46 routine visits were made.

**Riding Establishments Act, 1964**

The above Act prohibits the keeping of a riding establishment, unless this has been licensed by a local authority following veterinary inspection.

The one riding establishment formerly licensed in the City, has now ceased operating; there remains, however, one livery stable which has been the subject of six inspections.

## **Diseases of Animals Act, 1950**

### **Diseases of Animals (Waste Food) Order, 1957**

The above Order requires that all "waste food" intended for the consumption of animals, including poultry, shall be boiled for one hour in a plant licensed by the local authority for this purpose. This provision is intended to prevent the spread of disease among animals, as a result of contact with infected food, and it is worthy of note in this connection that, had this Order been capable of rigid enforcement, the 1967 epizootic of foot and mouth disease might have been averted.

Thirty-seven plants were licensed and 160 visits of inspection were made.

### **Transit of Animals Orders, 1927-47**

#### **Conveyance of Live Poultry Order, 1919**

The requirements of these Orders are intended to ensure humane and hygienic conditions for the transportation and exposure for sale of animals and poultry.

Ninety visits of inspection were made.

### **Notifiable diseases of animals**

#### *Anthrax*

The year was once again marked by a high national incidence of this disease, but no case occurred within the City. As part of routine precautionary measures, however, microscopical examinations were undertaken in respect of 20 cattle, 57 sheep and 11 pigs in which the cause of death appeared obscure.

#### *Brucellosis*

With the commencement of the eradication scheme for this disease in the spring of the year, immunization of calves became permissible only between three and six months of age, this stipulation being necessary since immunity acquired naturally as a result of infection, and that induced artificially by vaccination, are difficult to distinguish with the serological tests available; vaccination at an early age simplifies this distinction.

Immunization of female calves was made available by the veterinary staff, when required.

#### *Foot and Mouth Disease Order, 1938*

The year produced the most alarming epizootic of foot and mouth disease ever recorded in this country. Within a very short time after the appearance of the disease the City became part of an "Infected Area", owing to the close proximity of the heavily infected Cheshire countryside, but despite this, no case occurred within the City.

From October onwards every animal entering the City had to be accompanied by a licence issued by this authority, and this procedure, occurring at the busiest time of the year, necessitated the staff working long hours and many week-ends.

The total number of licences issued was 7,200.

#### *Fowl Pest Order, 1936*

No outbreak of this disease occurred in the City.

*The Live Poultry (Restrictions) Order, 1957*

*The Live Poultry (Restrictions) (Amendment) Order, 1959*

These Orders empower local authorities to grant licences for holding exhibitions of poultry, subject to records being kept available for inspection indicating the origin and destination of all poultry concerned. An application to hold an exhibition of poultry as part of the Manchester Flower Show in July was approved.

*Swine Fever Order, 1963*

The greatly reduced national incidence of this disease is an indication that complete eradication is now in sight.

There was no case of the disease in the City.

*Regulation of Movement of Swine Orders, 1950-59*

These Orders prohibit the movement of pigs from a market unless accompanied by a licence issued by the local authority.

One of the provisions of such a licence is that in the case of private premises the pigs shall be detained there under conditions of isolation for a minimum period of 28 days.

Fifty visits of inspection were made.

*Tuberculosis Order, 1964*

No clinical cases were observed or recorded within the City.

**TABLE A**  
**Animals inspected at time of slaughter at the City abattoir 1965-1967**

Year	Cattle	Sheep and lambs	Calves	Pigs
1965	56,407	291,136	6,800	32,505
1966	66,445	265,481	9,813	25,941
<b>1967</b>	56,166	214,522	8,717	25,995

**TABLE B**  
**Total condemnation of various foodstuffs 1965-1967**

Year	Meat (tons)	Fish and shell- fish (tons)	Fruit (tons)	Vege- tables (tons)	Game (head)	Poultry (head)	Rabbits (head)	Eggs (number)	Canned meats, milk and sundry provisions (tons)
1965	83.33	24.58	68.79	166.06	72	6,302	1,257	—	43.48
1966	171.33	21.18	80.40	156.37	478	6,406	1,339	77	40.07
<b>1967</b>	232.22	23.65	52.53	203.28	393	8,586	1,208	2	9.84

**TABLE C**  
**Meat condemned at the City abattoir and wholesale meat market**

	1967	1966
	tons	tons
*Total weight of meat condemned at the City abattoir and wholesale meat market . . . . .	232.22	171.33
Of which the weight of dressed meat consigned from places other than the City was . . . . .	3.33	5.25
Included in which were imported offals amounting to . .	lbs. 10,571	lbs. 3,063

\*This figure includes offal, and the increase in total weight of meat condemned falls into this category, being due mainly to the more exacting examination required by the Meat Inspection Regulations 1963-1966, which are now being observed in their entirety.

TABLE D

## Carcases inspected and condemned in 1967

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs
<i>Number killed and inspected:—</i>					
At the City abattoir . . . . .	38,626	17,540	8,717	214,522	25,995
Brought into the City after killing . . . . .	36,855 (29,031)		3,012 (1,749)	640,746 (648,936)	83,474 (91,301)
<i>All diseases except tuberculosis</i>					
Whole carcases condemned:—					
At the City abattoir . . . . .	81		41	341	59
Brought into the City after killing . . . . .	2		5	14	2
Carcases of which some part or organ was condemned:—					
At the City abattoir . . . . .	28,206		141	11,944	4,051
Brought into the City after killing . . . . .	723		22	1,135	307
Percentage of the number inspected affected with disease other than tuberculosis:—					
At the City abattoir . . . . .	50.278		1.620	5.522	15.641
Brought into the City after killing . . . . .	1.965		0.733	.193	0.368
<i>Tuberculosis only:—</i>					
Whole carcases condemned:—					
At the City abattoir . . . . .	—	—	—	—	—
Brought into the City after killing . . . . .	—	—	—	—	—
Carcases of which some part or organ was condemned:—					
At the City abattoir . . . . .		317			687
Brought into the City after killing . . . . .					

### Main causes of condemnation

The weight of meat and offal condemned from the various causes specified was as follows:—

	Meat lbs.	Offal lbs.	Total Year ended 31st December 1967	Total Year ended 31st December 1966
Tuberculosis .. .. .	7,660	2,353	10,013	6,120
Decomposition .. .. .	8,583	14,471	23,054	15,939
Decomposition bone taint	3,510	307	3,817	2,446
Injury .. .. .	4,612	743	5,355	6,289
Abscess .. .. .	8,778	71,205	79,983	52,515
Emaciation .. .. .	896	201	1,097	3,830
Dropsy .. .. .	38,440	4,429	42,869	35,779
Parasitic distomatosis ..	—	205,915	205,915	160,297
Parasitic hydatid .. ..	—	16,760	16,760	10,341
Parasitic C. bovis .. ..	510	16,026	16,536	6,598
Mastitis .. .. .	676	4,043	4,719	2,645
Metritis .. .. .	845	100	945	76
Septicaemia .. .. .	8,894	1,956	10,850	9,733
Pyaemia .. .. .	6,572	1,338	7,910	7,219
Pneumonia .. .. .	657	758	1,415	2,825
Pleurisy .. .. .	580	8,267	8,847	10,259
Emphysema .. .. .	—	10	10	74
Pericarditis .. .. .	—	2,723	2,723	4,217
Peritonitis .. .. .	1,075	43,556	44,631	18,217
Enteritis .. .. .	134	3,177	3,311	5,628
Nephritis .. .. .	35	358	393	526
Uraemia .. .. .	1,984	413	2,397	1,667
Arthritis .. .. .	1,499	694	2,193	1,752
Actinomycosis .. .. .	95	4,731	4,826	5,971
Necrosis .. .. .	12	57	79	98
Contamination .. .. .	2,853	3,687	6,540	2,267
Icterus .. .. .	83	8	91	132
Pigmentation .. .. .	817	2,546	3,363	2,180
Neoplasm .. .. .	721	7,128	7,849	3,759
Swine erysipelas .. ..	210	133	343	746
Fatty change .. .. .	—	12	12	345
Abnormal odour .. .. .	56	255	311	618
Moribund .. .. .	778	81	859	2,382
Immaturity .. .. .	145	4	149	281
Hyperaemia .. .. .	—	—	—	—
Totals .. .. .	lbs. 101,710	lbs. 418,455	lbs. 520,165 = 232·22 tons	lbs. 383,771 = 171·33 tons

The above includes meats surrendered at the chief inspector's office and meat condemned at shops, warehouses, etc., a total of 2·25 tons.

NOTE.—The number of condemnations in respect of tuberculosis was as follows:—

	Year ended	
	1967	1966
Whole carcasses of:		
Beef .. .. .	—	—
Pork .. .. .	—	—
Part carcasses and organs:		
Beef .. .. .	317	97
Pork .. .. .	687	291

**Poultry and game, fruit and vegetables, provisions etc., destroyed as being unfit for human consumption, during 1967.**

**Poultry and Game**

	<i>Head</i>
Fowl	8,055
Turkeys	111
Ducks	265
Pigeons	155
Wood pigeons	16
Pheasants	55
Grouse	22
Rabbits	1,208

**Fruit**

	<i>lbs.</i>
Apples	9,806
Apricots	2,140
Aubergines	230
Avocados	90
Bananas	180
Capsicum	70
Chestnuts	1,364
Cherries	251
Dates	59
Grapefruits	1,081
Grapes	4,718
Lemons	2,698
Melons	66,163
Oranges	2,240
Pears	1,320
Plums	259
Peaches	14,021
Pommegranates	1,410
Prunes	1,372
Peanuts	784
Pineapples	325
Rhubarb	252
Strawberries	749
Tomatoes	4,658
Canned fruit	1,423

**Vegetables**

	<i>lbs.</i>
Artichokes	39
Beans	3,816
Beetroot	4,376
Cauliflower	38,634
Carrots	141,220
Cucumber	967
Cabbage	89,125
Celery	1,132
Chicory	625
Corgettes	250
Broccoli	1,162
Gherkin	594
Lettuce	9,029
Leeks	1,695
Mushrooms	1,642
Onions	54,376
Potatoes	32,707
Peas	24,021
Parsley	963
Radish	360
Sprouts	34,824
Swedes	4,292
Turnips	5,550
Watercress	2,213
Yams	1,380
Canned vegetables	353

**Miscellaneous**

	<i>lbs.</i>
Canned meat	13,000
Bacon	612
Cream	20
Cheese	83
Eggs	2
Frozen foods	7,983
Flour	14
Milk	73
Margarine	7
Pastries	83
Preserves	27
Sausage	44
Soup	86

# Amount of unwholesome food condemned

	1967	1966
	lbs.	lbs.
Meat:—		
Beef .. .. .	428,778	297,327
Mutton .. .. .	44,477	51,459
Veal .. .. .	4,034	2,770
Pork .. .. .	32,305	29,152
Imported offal .. .. .	10,571	3,063
	520,165 = 232·22 tons	383,771 = 171·33 tons
Fish:—		
Fish .. .. .	46,936	46,628
Shellfish .. .. .	6,036	816
	52,972 = 23·65 tons	47,444 = 21·18 tons
	head	head
Game .. .. .	393	478
Poultry .. .. .	8,586	6,406
Rabbits .. .. .	1,208	1,339
Fruit .. .. .	117,663 lbs. = 52·53 tons	180,102 lbs. = 80·40 tons
Vegetables .. .. .	455,343 lbs. = 203·28 tons	350,261 lbs. = 156·37 tons
Miscellaneous:—		
	lbs.	lbs.
Evaporated, condensed and other milk .. .. .	93	890
Canned meats and meat products .. .. .	13,000	76,080
Sundry provisions .. .. .	8,941	12,777
	22,034 = 9·84 tons	89,747 = 40·07 tons

TABLE E  
Incidence of tuberculosis

Year	Cattle slaught- ered at abattoir	Condemned for tuberculosis		Per- centage incidence	Pigs slaught- ered at abattoir	Condemned for tuberculosis		Per- centage incidence
		Carcases	Part carcasses and organs			Carcases	Part carcasses and organs	
1965 ..	56,407	1	14	0.027	32,505	3	183	0.58
1966 ..	66,445	—	97	0.144	25,941	—	291	1.12
1967 ..	56,166	—	317	0.565	25,995	—	687	2.65

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